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The

Medical Lib.

# Public Health Nurse

Volume XVII

December, 1925

Number 12



## The Nugget

A Christmas Story

By Dorothy Deming



*We Wish You a Merry Christmas*

## Myers' Care of Tuberculosis

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# The PUBLIC HEALTH NURSE

*Official Organ of The National Organization for Public Health Nursing*

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Volume XVII

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## The Declaration of Geneva

*Done into English Verse  
by Ethel Sidgwick*

- I. The Child a birthright shall inherit  
For natural growth in flesh and spirit.
- II. The Child a-hungred shall be fed,  
The sick child nursed and comforted,  
The backward child with patience led;  
The erring shall be claimed from sin,  
The lonely child, bereft of kin,  
Unloved, shall be taken in.
- III. In dire catastrophe and grief,  
He shall be first to have relief.
- IV. Betimes the way he shall be shown  
To earn his bread and stand alone.  
None shall exploit him, yet ungrown.
- V. And this, his trust, shall be defined:  
The best of him, of heart and mind,  
Is at the service of his kind.

With best wishes for Christmas

# A CHRISTMAS NUGGET

BY DOROTHY DEMING

Holyoke, Massachusetts

*Illustrations by the Author*



SELMA and Jennie Munger lived in three small rooms on the fourth floor of a rambling wooden office building, in a locality of town known as "Old Port." Long ago, gardens, trees, wide porches, sea breezes and quiet lives surrounded the old building, but like so many of its neighbors, those happier accompaniments of living had been submerged, and now a sea of traffic, heavy waves of odors from nearby alleys, noise, dirt, rush and roar, swept in endless tides around the wooden walls, and even rose at certain times up, up, and into Selma and Jennie's sunny south room, so that Selma used to say, putting her toil worn fingers in her ears, "My drums, my drums, the trucks will burst through them." And indeed, one's eardrums actually did vibrate during rush hours.

The two sisters were in their early fifties, and Jennie the younger, was a hunchback. They "took in" sewing. Once they had sat out on lawns under shady trees, sewing on dainty white materials, but now they sat in their spotless rooms and sewed on thick black pants or coats, occasionally dresses. They did fine finishing for a department store which specialized in mourning goods, so all their sewing was sombre, and their hands grimy from cheap black dye.

The rest of the building was cubbyholed into office space—only one firm boasted the dignity of three rooms, and hardly any office worker knew that the two shabby little women who might be seen on the stairs early in the morning, actually lived at the top of the building, and had done so for some twenty years.

As Selma climbed the stairs after carrying back a rush order for the store, she thought, as she and her sister so often did, of all the sorrowing people who would wear the black garments they finished. It was the afternoon before Christmas, and even in this noisy eddy of business and commerce, little signs told of the holiday. "I. Skolnik, Furriers" had an artificial holly wreath on his office door. "George Bros., Contractors" had a sign out "Office closed 3 P.M.", and from somewhere, perhaps the market down the street, there came the sharp



aromatic odor of Christmas trees. Selma sighed.

When she got to her room, she found Jennie dressing to go out, dressing in her best black hat, and high laced shoes. Jennie's cheeks grew very pink when she saw her sister.

"Where on earth are you going, Jennie Munger?"

"Going to answer this." She thrust a newspaper clipping at her sister.

Selma put on her silver rimmed spectacles and read.

"Wanted for Christmas holidays, home for child. Parents are dead. References required." The address was that of a Day Nursery far down town.

"Humph! You're crazy, Jennie. What do we want with a child romping



over these rooms? Besides, where's the food coming from for him, and where, I'd like to know, are your references? A fine plan, I must say."

Jennie's eyes snapped. She reached into her black cloth bag and brought out an old letter, yellow in the folds.

"Here are my references!"

Selma sniffed, "That letter from Madam Harper telling about your good sewing? Humph! Lots of good that will do, it's thirty years old."

Jennie's face fell, but firm lines of determination showed about her mouth. She started toward the door.

"Here, wait, wait Jennie, I'll go with you. You can't go alone on this fool's errand. I believe you're crazy, Jennie Munger."

And so it happened that just as Miss Mason bundled up the last Day Nurseryite, she looked up to see two old ladies in shiny black coats watching her.

"Why, how do you do! You are just too late for the children's party, the kiddies are just leaving. Is one of the children your grandchild?"

"Grandchild, humph!"—Selma exploded.

"Hush, Selma. No, no, Miss—We came to take the child to spend Christmas with us—the child this tells about." Jennie showed the clipping. Miss Mason smiled, "Oh," she said, "why that's the Nugget, only she is a baby. Eloise is only six months old!"

"Six months? Land sakes, come home Jennie—a six months old baby! I know more about—about aeroplanes."

"Oh, but she is a darling, come and see her."

Now Miss Mason knew her job. A healthy six months old motherless baby makes a strong appeal to elderly maidens. Eloise Nugget lay in her crib sleeping. A very red head of hair caught the light, one doubled fist was thrown back over her head.

"Isn't she sweet? You see we close the nursery over Christmas and New Years so we were going to take Eloise to a city institution if no one gave her a home in time, she is all alone—"

"Oh, she is beautiful." Jennie's knees creaked as she knelt adoringly beside the crib.

"Humph!—well, her hair's pretty, kind of red gold—I suppose that's the reason she's called Nugget?" Selma laughed and placed a stiff finger on the baby's head.

"Will you take her with you now? There is a little money for her board, and er—have you references? We have to ask, for the child's sake."



*A Sea of Traffic Swept by the Old Building*

"Of course, we understand," Jennie rose. "Here they are, and we are known at the Blank department store." Selma flushed.

"See here, those references are old, Miss, but I can give you my word that Jennie and Selma Munger are honest God-fearing people, and will see that the child gets good care, and I'll say its prayers every night."

Miss Mason looked at the letter, and at the two figures by the crib. Of course the references were not quite—well, anyway it was a solution of a difficult problem for her, so she took their full names and address, the name of the department store, and their minister, and then wrapped Eloise in her blankets, gave them a package of clothes and directions for her food,



some money, and waved good night and "Merry Christmas".

"Old dears" she thought, "willing to take a baby at their age."

Selma hardly spoke all the way home. They took turns in holding Eloise. When it was Selma's turn, she held her gingerly, as one would frail glass. Jennie on the other hand cuddled and cooed to her. However, watching her sister closely, Jennie saw her looking and looking at Eloise, and when they passed the market Selma stopped and bought a tiny bunch of real pine branches.

"Just to give the smell of Christmas" she said a little shamefacedly. Jennie said nothing.

At their door, Jennie handed Eloise to Selma and fished in her bag for the key. Eloise promptly stirred in her

sleep, and struck out aimlessly with her chubby arm. Her hand caught Selma's finger and closed on it. They went in. Selma sat down, her finger still held by the sleeping Eloise. Who can measure the magic of a baby's clasp?

On Christmas day, Selma said:

"Jennie Munger, you and I are two old fools. I thought you were crazy, but I am crazier. If that young lady at the nursery will let us, we are going to keep Eloise always—hear me? Always—"

"Selma! why you *are* crazy—a six months old baby."

"Crazy? Humph!" She gathered the baby closely in her arms. "Time will tell. Merry Christmas, Eloise Munger!"

## THE COUNTY NURSE AT CHRISTMAS TIME

BY NELL GRAYSON TAYLOR

Supervisor, Division of Public Health Nursing, Department of Public Health, Tennessee

**A**T Christmas time the heart of a county nurse seems to vibrate with a thousand strings. As she drives along in her rattling Ford she is busy meditating and planning for so many folks who must not be forgotten. There is the tenant family in the country where the father is very ill and the mother would fain conceal the fact that the wolf is at the door from two eager little brown-eyed girls, the twins, and "brother," the blue-eyed boy. It would not do for their eyes to be clouded at Christmas. And, of course, the baby must have a toy. It is of him the mother says: "I have read after him more than any of my children, but it doesn't seem I could ever find time to do all the things the books say."

There is the Widow B. on the edge of the town. The Elks are going to be Santa Claus to this family. We make an advance visit to see what form their generosity should best take. There are five children, only one "old enough to work." The mother in this family lost her mind last year and was in the hospital six months. Good food, much needed dental care and strong arch supporting shoes were the "treatment" she received. She gained twenty-five pounds and was discharged as cured and is now back with her little brood. We think hopefully that the school children are fortunately giving a shower of fruit and canned goods for needy ones at Christmas. Much

of it will be needed here, and shoes for all the family.

The little girl is playing in the corner with a broken doll. She is putting it to sleep in a shoe box, covering it with a bit of torn window shade. The mother sees our eyes upon her and comments: "Knox is going to try and get his little sister a doll for Christ-

brought some things, too, to go in the box. Her eyes fill with tears as she accepts them. She thinks they are marvellous and says she would "love to see the children's eyes when they open them."

There is the "Mill Village" on which we have not yet made even a beginning. Under the shadow of the



mas." (We make a note—A doll for the little girl). Knox is the fourteen year old boy, the one "old enough to work." He delivers telegrams for the Western Union. The mother tells us that she has made him put on the warm union suits they gave her at the hospital, "as it has turned off so cold, and he had to be out."

A mist is in our eyes when we come out and go on to the next place. Here is a mother who had to part with her two small girls last Spring. She was ill much of the time and the little she earned when well would not support them. They are in the city in the Industrial School. She has tried to save enough to go to see them at Christmas, but it is very hard to save anything from her meager wages, and she has decided to send them "a nice box" instead. She has baked a cake for them and proudly displays it. We have

Mill are a lot of little folks who will not have any Christmas unless we can give Santa Claus a tip. Somehow dolls and warm sweaters must be provided for our T. B. patients' little girls—and a red wagon for "Miss Petty's" little boy, who "boards him out" during the day so she can work in the Mill. As we drive through the village some one rushes out with a present for us—a tea apron made of brown mill cloth, elaborately embroidered and brier stitched with red thread. A little tightening around our heart as we think of the many stitches of tired fingers—a little smile as we see that "Welcome" is embroidered across the front of the apron.

Finally, we are aboard the train going home for our own Christmas. We hope no one has been forgotten, and in the words of Tiny Tim say: "God bless them, every one."

# METHODS OF IMMUNIZATION AGAINST SCARLET FEVER

By E. S. PLATOU, M.D.

Instructor in Pediatrics, University of Minnesota, Medical School

*Presented before the annual State Convention of Minnesota nurses*

WITHIN the past two years very definite advances have been made in our knowledge of scarlet fever. The specific organism causing the disease has been isolated. A test to determine susceptibility or immunity has been perfected and rapid progress in the methods of active and passive immunity against the disease have been made. The investigations of Dick and Dick, Dochez, Tunacliff, Gordon, Zingher, Bliss, Williams and others have definitely established the nature of scarlet fever.\* According to our modern conception the disease is a local one of the throat, caused by the scarlatinal streptococcus and the eruption and constitutional symptoms resulting from the infection are caused by the toxins which are produced by this streptococcus. Thus it is apparent that the nature of the disease in some respects resembles diphtheria.

One of the first important observations which made possible a great deal of later work was that of Dick and Dick, who used a toxin which they obtained from the bacteria isolated from a case of scarlet fever. They noted that when a very small amount of this toxin was introduced into the layers of the skin on the forearm of individuals who had previously had scarlet fever no reaction occurred, whereas in those who had not had the disease there was a definite redness and swelling of the tissues at the site of the injection.

*Technique of the test.* The test is performed in exactly the same manner as the Shick test for diphtheria, using instead of diphtheria toxin, a preparation of scarlet fever toxin. In our work the preparations of Dr. Zingher

of the New York City Health Department and Dr. Larson of the University of Minnesota have been used. The toxin can now also be obtained on the commercial market.

From 1/10 to 2/10 of a c.c. is injected into the skin with a hypodermic needle and syringe to produce a small weal. A control test may be applied on the opposite forearm in each case.

*Practical value of the test.* Since the announcement of the work of Dick and Dick there have been a great many clinical studies to determine the value of the test. It has been shown quite conclusively that the test is a reliable indicator of immunity or susceptibility to scarlet fever and that susceptibility to the disease is least in infants and adults and greatest in children from two to ten years of age. Since the test may be interpreted at the end of twenty-four hours it is of particular value in affording an opportunity to determine susceptibility very quickly in individuals who have been directly exposed to the disease. The *second* important and practical value of the test is its use as an aid in diagnosis of questionable cases since it has been observed almost invariably that the test remains positive during the first five or six days of the disease and then becomes negative. Therefore in any case with questionable findings a persistently positive test gives confirmatory evidence that the disease in question is not scarlet fever. Conversely in cases where the eruption is indistinct and the test is at first positive and later becomes negative the test is of assistance in making a positive diagnosis.

\* Some of the authorities in this field will be inclined to dispute the statement that the specific organism acting as the sole cause of scarlet fever has been definitely isolated.

*Active immunity.* By using several hundred times the amount which is used for a Dick test as the first dose it has been possible to protect an individual who is susceptible to the disease (and has therefore a positive Dick test). The doses for active immunity vary according to the methods of different investigators although most of them use three doses at intervals of one week. The presence of immunity, which is determined by repeating the test and obtaining a negative one, requires as a rule two to three weeks after immunization and lasts in different individuals for a variable period of time. It is thus obvious that a person who has been exposed to scarlet fever cannot be benefited by the use of this toxin, its greatest value being in those cases which are protected from exposure. Recently we have had occasion to use a toxin prepared by a new method at the University of Minnesota, which seems to give immunity in a few days with only a single dose.

The value of these preparations will probably increase as we learn to know more concerning the most suitable preparation and dosage. Many of the cases which we have immunized have retained this protection in the face of intimate exposure to scarlet fever for a period of two to four months; a few have retained it even longer.

At present it can be safely said that the inoculations are a valuable and practical means to institute at that time of year when there are a large number of scarlet fever cases in the community. For those who are familiar with the serious results and physical disabilities

resulting from scarlet fever it is clear that any measure which will afford protection—even though temporary—is of great value from a public health standpoint.

*Passive immunity.* From time to time in the past, scarlet fever sera have been produced by various laboratories for use in active cases of the disease as well as for protection of exposed individuals. Until recently the results obtained by the use of these preparations have been entirely unsatisfactory. In the past two years, however, there have been observations which indicate that the anti-toxin prepared by a new method may have some value. There are two methods of preparations, namely those of Dochez and of Dick.

The anti-toxin is prepared in dosages for active cases of scarlet fever and for protective purposes. The use of this anti-toxin by medical men over the country will soon determine whether or not it is worth while. For the present it is only fair to say that it should be given in actual cases early in the disease and if its use is decided upon that it be given also to those who have been exposed and are positive to the Dick test.

There are a great many conflicting opinions concerning the value of the new measures which have been instituted in the treatment and prevention of scarlet fever. It is, however, a definite conclusion that some of these at least have come to stay and that we will see even greater advances in stamping out this most serious of childhood diseases.



## PUBLIC HEALTH WORK ON THE ONONDAGA INDIAN RESERVATION

BY MRS. FRANCES WALDORF

Supervising Nurse, Onondaga Indian Reservation, New York

THE Onondaga Indian Reservation covers an area of approximately twelve square miles, in the town of Onondaga in New York State, about eight miles from Syracuse.

Handsome Lake's religion which embodies superstition and a prejudice against white man's ways—in education, in religion, in medicine and in modern methods of living.



*A Christmas Party for the Little Indians*

It is a picturesque bit of country with high hills, valleys, streams, woods and grassy slopes covered with wild flowers. In this small territory live about eight hundred Indians, four hundred of them Onondagas, the rest belonging to mixed tribes. Twenty-four of the eight hundred are chiefs, who make the laws and settle disputes. To be a chief one must be a follower of

There is no compulsory school law, and many children do not go to school at all, while others go only when they feel inclined and leave after completing only two or three grades. Many of the girls marry at sixteen or seventeen and bring up their children in ignorance as complete as their own.

Homes are either log cabins or frame dwellings. Many of them are

accessible from mail roads, but others are on the tops of hills or hidden in the woods.

### *Beliefs and Customs*

Those of the Indians who have not departed from Handsome Lake's teaching are very consistent and devoted to their faith. Their religious ceremonies are elaborate. Illness means that some one is "witching" the patient. A yearly service is held in the Council House to drive away the witches and cure the sick. Similar services are held in the homes of the patients. Sometimes a special medicine is prepared, and administered to the patient to the accompaniment of singing and dancing. The patient is then shut up in a dark room alone for ten days.

This treatment was used on a patient who was suffering from tuberculosis. She was not allowed to have the windows or doors open even in summer. I visited her, and all I succeeded in accomplishing in "public health" was to get her to use the sputum cups and dispose of them properly.

A somewhat more enlightened group still clings to some of the old time customs and beliefs. This class usually takes both the Indian's and the doctor's medicine at the same time or in alternate doses. This is discouraging for the doctor and nurse for if the patient recovers it is attributed to the Indian medicine, and if he doesn't, the doctor's medicine is blamed.

If a woman is about to be delivered of a child, an older woman in the neighborhood is called in to attend her. Newspapers are placed by the side of the bed and the mother kneels on them with her arms and head on the side of the bed. The child is caught before it falls to the floor. Then the mother is given a handful of salt to blow until the placenta is expressed.

But we have also a class of Indians who are the salt of the earth—educated, enlightened, good housekeepers and home-makers, thrifty, clean and neat, kind-hearted and generous, good wives and mothers.

With the support and interest of this group public health work was begun. One of the Indian homes was vacant, a tiny place with only three rooms, but ideal as to location, close beside the main road in the center of the Indian village. It was rented by the State Department of Health for headquarters for the nurse and doctor. The doctor had office hours three times a week.

The cottage was freshly papered and painted and was soon made attractive and comfortable. Furniture and furnishings were donated by interested people, and the Indians manifested much interest and approval.

In August, 1924, an infant and pre-school clinic was opened. This was held every Thursday afternoon. The general average attendance has been about fifty per cent of the fifty-three children registered. They are a splendid lot of babies and children.

Just before Christmas we entertained all those registered at a Christmas tree party. We had music and talks, and some of the children recited. Each child received a pair of woolen stockings and all the oranges and ice cream he wanted. They seemed to enjoy it immensely, and perhaps it will encourage others to join the clinic.

We are now beginning prenatal clinics which will be held each month. We are planning to start a V.D. clinic and dental clinic also. A home nursing class is registered and will be commenced at the earliest possible moment. We hope to open Mother's Clubs, but last winter the weather and bad roads hampered us.

The school children are weighed and examined twice a year and a good deal of correctional work is done, especially tonsillectomies, dental work and refraction. Health films have been shown by the State Department of Health. Tuberculosis clinics twice a year and children's consultation clinics yearly, are a great help.

A spirit of good will and coöperation is seen everywhere and we are looking forward to the time when conditions on the Reservation will be a model and inspiration to other rural sections.

## CHRISTMAS CUSTOMS AND BELIEFS

Some sayes, that ever 'gainst that Season comes  
Wherein our Saviour's Birth is celebrated,  
The Bird of Dawning singeth all night long:  
And then (they say) no Spirit can walke abroad,  
The nights are wholesome, then no Planets strike,  
No Faery talkes, no Witch hath power to Charme:  
So hallowed, and so gracious is the time.

But the "hallowed and gracious time" of which Shakespeare wrote so happily, according to the folk-lore of many countries, is the signal for signs and portents to take possession of the thoughts of prince and pauper and the whole wide world.

In *The Book of Christmas*, a fascinating volume published by Macmillan, many remarkable ceremonies, beliefs and superstitions are described:

Christmas Eve or Christmas is the time when the oracles of the folk are in the best working-order, especially the many processes by which maidens are wont to discover the color of their lover's hair, the beauty of his face and form, his trade and occupation, whether they shall marry or not, and the like.

On Christmas Eve, thrash the garden with a flail, with only your shirt on, and the grass will grow well next year.

In Herefordshire, Devonshire and Cornwall, in England, the farmers and peasantry "salute the apple trees on Christmas Eve," and in Sussex, they used to "worsle," i.e., "wassail," the apple trees and chant verses to them in somewhat of the primitive fashion.

If a shirt be spun, woven, and sewed by a pure, chaste maiden on Christmas Day, it will be proof against lead or steel.

If you are born at sermon-time on Christmas morning, you can see spirits.

It is unlucky to carry anything forth from the house on Christmas morning until something has been brought in.

If the fire burns brightly on Christmas morning, it betokens prosperity during the year; if it smoulders, adversity.

On the Isle of Man and in Ireland, a like ceremony is observed. This is "hunting the wren." In the one case, one of these lucky birds is killed the night before Christmas, laid on a bier, and buried with whimsical solemnity. The Wren-boys in Ireland go from house to house levying contributions, and carrying one or more of the little birds in the midst of a bunch of holly, gaily decorated with colored ribbons.

The Christmas card, which floods the mails nowadays, dates back to 1846. It evolved from the "school pieces" or "Christmas pieces" which were popular from 1800 on. These were sheets of writing paper decorated with elaborate and sometimes hideous pen flourishes used at holiday season by school boys for carefully written letters exploiting the progress they had made in composition and chirography.

"I do not know how the forty years that I have been away have dealt with 'Jule-nissen,' the Christmas elf of my childhood in far-off Denmark. He was pretty old then, gray and bent, and there were signs that his time was nearly over. \* \* \* When I was a boy we never sat down to our Christmas Eve dinner until a bowl of rice and milk had been taken up to the attic, where he lived. \* \* \* I never met him myself but I know the house cat must have done so. No doubt they were well acquainted; for when in the morning I went in for the bowl, there it was, quite dry and licked clean and the cat purring in the corner. \* \* \* He was very well known to the hands about the farm, and they said he looked just like a little old man, all in gray and with a pointed red night cap and long gray beard. He was always civilly treated, as indeed he deserved to be, but Christmas was his great holiday, when he became part of it, indeed, and was made much of."—*Jacob Riis in The Old Town.*

## REACHING THE FOREIGN BORN

By SALLY CALKINS WOOD, R.N.

*Illustrations by the Author*

TWO years ago a little mining town in Pennsylvania was amazed to learn that the wife of a new mine worker had been a public health nurse. The other women used to shake

and in the report on the Steel Industry published by the Federal Council of Churches. But it is not always known by those who daily knock at the doors of the foreign-born.



*The Peasant Villager Brings his Own Customs with him*

their heads over me pityingly as I hung overalls out on the line. I had married below me. I had come down in the world. Of the three miners not born to the trade in the neighborhood, the first was an ex-prize-fighter and the second an ex-butler. They did not know that the third, my "mister", was an economist when washed. He was spending six weeks working underground as part of a study of the anthracite miners. In all we lived in the region five months, moving from town to town and interviewing hundreds of miners, editors of local newspapers, priests, and others.

My own part of the work, studying the foreign-born, gave me a slant on immigrants which might, perhaps, be useful to public health nurses. It is not a new slant. It has been written down in many technical books; in the Rockefeller Foundation Series on Americanization, in Thomas and Zwaniecki's book on the Polish peasant,

The important thing seems to be that peasant immigrants are villagers. And being villagers, they adjust themselves to American life more readily in groups than they do individually.

The hard coal region is a pocket-edition of the Balkans with the Irish and Italians thrown in. The foreign-born miners include, roughly, 24,000 Poles, 12,000 Lithuanians, 12,000 Italians, 9,000 Slovaks, 8,000 Ukrainians (from Galicia), 11,000 men born in Austria-Hungary, probably Slovaks and Ukrainians, and 8,000 English, Welsh and Irish. The 70,000 men born in this country are mostly sons of the above and retain a great deal of their immigrant psychology.

This psychology is typically that of the peasant, a class unknown in America. The Central European peasants are farmers on a very small scale. They usually own only enough land to support themselves and their families without any hope of advancement or

change. The same families have lived on the same farms for generations, producing practically everything they need without recourse to towns or trade. Sometimes they do not own the land but can only claim the use of it. Often it is necessary, besides, to work on large estates for little or no payment. The farms are small enough for the peasants to live in little villages. There is scarcely any freedom of choice in regard to occupation or personal life. Marriage is largely a matter of dowry decided by relatives; social life is regulated by the priest and village customs.

In some communities the net-work of tradition and the weight of public opinion is so strong that the individual does not have to decide anything for himself from the day he is born to the day he dies. If anything new comes up the whole village talks it over until a common opinion is formed and then that opinion automatically fixes itself in the mind of every individual.

America strains these people beyond our imagination. One of our "Main Streets" is a mad whirl of liberty to them. Certain interesting cases of insanity and crime among the early Central European immigrants were traced to their inability to direct themselves without the help of the village.

The peasant who came to this country saved himself by bringing the village over after him. As soon as two or three families from the same section of the old country were clustered together on the edge of an American town, a peasant village began. Although outwardly workmen might be seen going to mines or factories in American clothes, their real life centered in their own churches, clubs and newspapers, where unanimous opinions were formed much as they had been abroad.

When the United Mine Workers first tried to organize the anthracite field they found that the only way was to approach the little groups of each nationality. If the leading spirits could be won over and the question threshed out in each group, a perfectly

steady and unanimous support was insured. Americanization work proceeded slowly until the agencies in the foreign communities themselves took it up. As soon as the foreign language press and clubs and the immigrant priests began to push it, naturalization papers were taken out in shoals.

#### *Applying "Group" Contact in Public Health Work*

Would it be possible to try a similar method in public health work? In places where the visiting nurse does not find a warm welcome among the foreign-born an explanation to the whole foreign community might help.

Sometimes when a family will not follow health measures apparently from sheer stupidity, the real reason is the fact that no group opinion has been formed about the value of the measures. The individual mother is sometimes unresponsive because nothing in her past has prepared her for the task of deciding, all by herself, whether little Tony's tonsils should come out or stay in. If the priest had told her that the nurses gave good advice, if one of the church societies where the neighbors meet had been informed of the purpose of the work, or if she had read about it in a paper in her own familiar tongue, she would probably have followed the advice without question.

The suspicions of the immigrants, which seem so ridiculous when directed against health work, have been ground in by the many forms of mulcting of which they have been victims. Their own papers and societies are now their best protection against the get-rich-quick schemes which used to be played on them. If the purpose of the visiting nurse could be explained by those same papers and societies the stone wall type of indifference might be broken down.

Since my study of immigrants has mostly concerned the Central Europeans I have lumped them all together in this short statement about their group solidarity. And it is safe to say that settlements of almost any



nationality may be influenced through the clergy and press. Short articles



describing the services nurses give and containing the address of nursing offices would be readily accepted and translated by most editors.

But, of course, there should be differences in the approach to different nationalities. Italian Welfare Societies, for instance, wherever they exist, are a good means of furnishing introductions to Italian priests. But it is said that no introduction is necessary to visit a Polish priest. The Foreign Language Information Service at 222 Fourth Avenue, N. Y. C., which has fourteen bureaus of different nationalities, should be able to suggest good ways of approaching specific immigrant communities.

The peasant village in the United States is, of course, only a temporary thing. With the second and third generations it begins to vanish but while it exists and while nursing service is rendered to its members, its habit of group thinking must be kept in mind.

The only other point of interest to nurses in my experience as a miner's wife was the sensation of being inside the door instead of out, through it all.

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Through Dr. Hugh Chaplin the Medical Division of the American Child Health Association is conducting a research study to determine the essential, simple and easily determinable standards for the recognition of the optimal child at different age levels. Photographs of such children, in poses that will illustrate the standards decided upon, will be an important feature of the report which is to be prepared. The immediate object of the study is the publication of a simple scientific pamphlet for the lay worker, but more technical contributions may follow.

The study is the outgrowth of the demonstration described by Miriam Birdseye in the October number of *THE PUBLIC HEALTH NURSE* under the title "What Standards for Optimal Health?". Upon the invitation of the Extension Service in Agriculture and Home Economics of the U. S. Department of Agriculture, the A.C.H.A. made itself responsible for the demonstration given to the Eastern Extension workers, securing the services of Dr. Chaplin and Miss Wilde and assisting in obtaining the children who were used to illustrate the different points brought out.

# REORGANIZATION OF PUBLIC HEALTH NURSING IN AKRON, OHIO

BY ELIZABETH YOST

Director, Division of Public Health Nursing, Department of Public Health

*The third of the series on "Amalgamation of Public Health Nursing Services." The first, "How Evansville, Indiana, Federated Its Nursing Services," appeared in the June number. The second, "Reorganization of Public Health Nursing in Dayton, Ohio," was printed in October.*

EDITOR'S NOTE: In this series, as we announced in an editorial in the June number, it is hoped to present as many as possible of the endeavors to amalgamate or federate community nursing services, and to show the possibilities of amalgamation, described in the dictionary as "to mix, unite classes, societies, etc." and of federation, defined as "to band together in league for some common object," as applied to public health nursing services—voluntary services combined with each other, state or municipal with voluntary organizations, and the relinquishment of special services from voluntary to public organizations or from public to voluntary organizations.

SOME of the influential citizens and large employers of labor began to stimulate interest in the activities of the health department of the City of Akron in the latter part of 1915. In the winter of 1915, a survey was made of the organization of the health department. The report contained recommendations for the organization of a health department along modern lines. An agreement was entered into to the effect that if the health commission and council would appropriate all the money that the city could afford for health purposes this group of influential citizens would contribute an additional sum to carry on health work and establish a modern health department.

A little later, a graduate nurse was secured to organize a child welfare division, and the group of seven nurses in the George T. Perkins Visiting Nurse Association was taken over to form the nucleus of the newly organized child welfare division. At this time the board of directors of the Visiting Nurse Association ceased to function, none of the directors remaining in an advisory capacity in the new city division.

Under the able leadership of Miss Olive E. Beason the division flourished and at the end of the first year consisted of the director and twenty nurses.

Since 1916 all of the public health

nursing in the city, with the exception of the Metropolitan Life Insurance work and nursing service in industry has been done by the department of health.

## *Present Work of the Division*

Nurses are conducting the following services:

Three prenatal clinics weekly at three different centers

Seven well baby clinics weekly in seven centers

Thirty-six public and six parochial schools are visited daily by nurses

Special service is given in six open air schools each accommodating sixty children

Three tuberculosis clinics are held weekly in one tuberculosis center

Three orthopedic clinics are held weekly in one center

Muscle training is given three times a week to sixty children attending the cripple school

Six venereal clinics are held weekly for women and six for men in one center

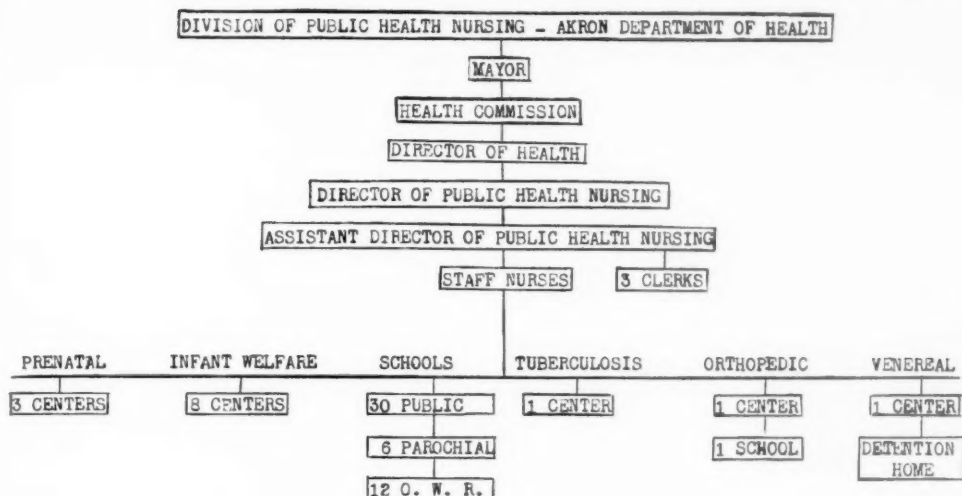
Clinics are conducted three times per week in the detention home for women

Nursing service is provided daily at the continuation school where children are examined for working certificates; also at the Children's Hospital Sick Baby Clinic twice each week

Boarding homes for children and private maternity hospitals are supervised by nurses from this division.

## *Office Facilities for the Division*

The central office of this division is in the city hall; this includes a large general office for the clerical force, the private offices of the director and her assistant, and a large assembly room.



Head Station Nurses have their offices in the baby clinics which are located in school buildings. Offices for the nurses and the clerk in tuberculosis service are in the building which houses the clinic. The orthopedic and medical clinics are in the Children's Hospital, and ample space is provided for the nurses there. The venereal disease clinic is located in a house rented by the city where nurses are given plenty of space for their work.

#### *Finance*

For a few years the American Red Cross paid the salary of several of the nurses but the entire expense of the nursing division is now borne by the city. No fees are collected. Since the Division is financed by the people of the city, they are entitled to emergency bedside service and instructive nursing. People who can pay for service are asked to secure the services of hourly nurses.

The division has four supervisors, three of whom are doing generalized work; the other supervising the tuberculosis and open window room work.

The staff nurses are doing a generalized-specialized service. All nurses do prenatal work; infant welfare nurses do the baby and preschool age work and the bedside nursing in their districts; school nurses do their school work, make all cultures of throats and instruct in communicable disease cases; the tuberculosis, orthopedic, and venereal nurses specialize.

All staff nurses, however, rotate in the clinics to get the requisite experience.

Street car passes are furnished by the local traction company.

Insistent demands from the public have made it possible to develop the nursing division from time to time, until at present there is a staff of thirty-two nurses including the director.

# THE MIDWIFE IN TEXAS

BY KATHERINE HAGQUIST

State Advisory Nurse, State Board of Health, Texas

*The third in the series on midwifery—Midwife Work in Virginia appeared in October;  
A Maternity Center in Haifa in November.*

WHEN I first came to Texas a couple of years ago, I had very little actual knowledge of the midwife of today, and the problems arising as a result of her work. In fact, I believed the midwife to be a negligible problem, which would die a natural death if ignored. After having worked for two years with public health nurses in different parts of the state, I have come to realize that unless the untrained midwife can be prevented from practicing, and unless something is done to enlighten the more ignorant class of people as to the danger of being attended by such a person at the time of confinement, it will take generations before the untrained and ignorant midwife can be eliminated, and as a consequence many deaths, many cases of blindness, and a great spread of venereal disease will result.

Because Mexico forms the southwestern boundary of Texas, we have a great many Mexicans in the bordering counties. Also, in east and central Texas there are numbers of Bohemians and negroes.

## *Among the Mexicans*

The Mexicans have for generations been accustomed to the midwife. In Old Mexico, however, they have largely the trained midwife, who is quite different from the usual "Texas practitioner." The latter takes up the work because she considers it "her calling" perhaps, because she has gone blind and can do nothing else, or, "got the rheumatiz," or some other ailment preventing her from earning a living in another way. It is perhaps not right to say "earning a living," because as a rule the fee collected after each case is very small. It varies from

a chicken, a small pig, a sack of corn, or \$2, \$5, \$10, \$15 to \$20 in money, the average fee being from \$5 to \$10.

The average Mexican mother, of the class we have in this state, is superstitious and suspicious of the American doctor, also she does not believe it proper to be attended by a male physician at this time. This tradition has been handed down for generations. Then, too, the majority of these people live in mud huts, very primitive and absolutely void of all conveniences. Consequently, they are sensitive about calling in a "real" doctor, and the doctor himself is not desirous of being called in for work so important in such surroundings, with little or nothing to work with and little or no remuneration. Because of these and other facts, the dirty, ignorant, so-called midwife is usually resorted to.

## *Among the Negroes*

The negroes are quite different. They are not afraid of the white doctor, but in most instances they feel that they cannot afford to engage a physician's services at this time, when a "midwife can do just as well." They have become so used to "fever and chills" following confinements, that they believe it quite normal and look for it. The negro midwife usually leaves a supply of quinine as a general routine for the mother to take for a few days following the birth of her child, to "stop the chills." It is also very common for the baby to have sore eyes, so that no one gets especially alarmed. The remedy is cheap and easily applied—the mother's milk, used as an eye wash, or the wiping of the eyes frequently with the baby's wet diaper. If the mother and baby both survive, just look at the saving in

dollars and cents! If they die, "well, Providence had so intended it to be."

The negro Mammy is teachable and imitative; much more so than the Mexican midwife. She can be taught to become a good practical nurse, but few of them could ever go beyond this.



*Typical group of Mexican midwives*

The Bohemian midwife is in a class by herself. She is usually an immigrant, who received actual training in the old country, and continues to practice after her arrival here. Very few of the younger generation are taking up the work.

#### *Results of the Survey in 1924*

The Bureau of Child Hygiene, of the Texas State Board of Health, made a survey of the midwife situation in 15 counties in 1924. The facts and figures obtained were appalling. A general summary of this investigation is as follows:

The midwife problem had been brought to the attention of the Bureau of Child Hygiene in numerous ways, through birth reports, doctors, reports from public health nurses, from individuals throughout the state and from midwives themselves. The Bureau decided to begin an investigation in order to be able to intelligently offer a solution of the problem.

This investigation consisted not only of a general survey of the counties visited, but also the organization of classes of instruction for the midwives in regard to their work. In these classes they were taught

general cleanliness and simple nursing procedures. No attempt was made to teach them obstetrics, rather emphasis was laid on things they must not do and the necessity of calling a physician in all cases possible. Only six counties were covered in this manner, and in nine others the work was less intensive.

In May, 1924, when this survey was begun, we had on file names of 963 women who practiced in this state as midwives. These names had been secured from birth registration records, doctors, nurses and private citizens. On December 1, 1924, the number of names had increased to 2,003. I feel reasonably sure that if a survey were made of the whole state, we would have approximately 4,000 midwives.

It was found, in the counties surveyed, that 71.58 per cent of the midwives were illiterate. Also that, according to available statistics and individual information, 55 per cent of the births during the first seven months of 1924 were attended by midwives. Report on Wassermann tests made proved 22.22 per cent positive reaction.

#### *Struggling With the Situation*

We have no applicable law controlling midwives in Texas. The State Health Department, through its Bureau of Child Hygiene, is trying to make the best of a deplorable situation. It requires each midwife to send in a report of her work monthly. In counties employing public health nurses, courses of instruction are instituted, in which the midwives are taught the nursing care of the mother and baby, and are instructed how to use nitrate of silver in the baby's eyes and how to register births.

We do have a law making compulsory the use of silver nitrate in babies' eyes, by anyone attending the birth. The majority of the midwives, however, cannot read, and consequently do not know how to use this prophylactic until they are taught. On inquiring of one midwife as to her method of using silver nitrate, she replied, "I puts the medicine (wax ampule) in a pan with a little water, and melts it, and then I pours it into the baby's eyes, and it makes them so clear and pretty."

The midwives receiving instruction are requested to purchase a bag with standard equipment, and to wear a white gown when attending confine-



ments. This latter requirement has an especial appeal because it impresses them with a feeling of great importance. How they do like anything that will make them look dignified and important! One midwife immediately raised her fee two dollars after she started wearing the gown.

The midwives are very proud of the

instruction they receive, and try very hard to live up to the rules laid down by the State Board of Health. But, we must not forget the fact that a comparatively small number are reached by public health nurses and doctors, and that the large majority are still totally ignorant of rudimentary principles of aseptic precautions.

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#### CONFERENCE ON MODERN PARENTHOOD—OCTOBER 26-28

A significant conference on modern parenthood, national in scope, was held in New York City, October 26-28 by the Child Study Association of America. A ten-day institute for leaders of child study groups followed the conference.

This is the 38th year of the work of the C. S. A. which was organized in 1888 under the name of "The Society for the Study of Child Nature." A tremendous impetus is being given the work of the Society by the financial assistance of one of the Foundations.

The work of the Association consists in devising ways to make available to parents the knowledge of child life and human nature which we now have and which is constantly being increased.

The conference was well attended. Many groups and different sections of the country were represented.

Public health workers attending the conference regretted that there was not more emphasis given in the program to the physiologic health of the child. It was mentioned, taken for granted; but the healthy personality or the mental, emotional, moral and social health of the child and adolescent was the central theme of the conference.

Health workers in the past have neglected this phase of health work. Our programs for work as well as for conferences should be comprehensive in their scope and should include all phases of health.

Of particular interest to nurses was the discussion of nursery schools the first day of the conference, and those discussions of the second day on the training of children in accordance with the principles of the new psychology and the technical equipment of teachers and parents to meet the changing methods of education.

Dr. Douglas A. Thom, director of the Division of Mental Hygiene, State Department of Mental Diseases of Boston, Mass., speaking on "The Importance of the Early Years," deplored the influence of the over-solicitous mother, who "produces the dependent, clinging-vine type of child." The stern, rigid, righteous father, on the other hand, with his desire for authority and self-assertion, was often the creator of the child who felt inferior and inadequate. Parents must be impressed with the idea that children had a mental life which if impaired either by violence or lack of proper discipline would cripple the child in the same degree as physical force would do.

BEATRICE SHORT



*Madonna and Child*

*From a woodcut by Rockwell Kent. Copyright, Life Pub. Co.*

Given not lent,  
And not withdrawn—once sent,  
This Infant of mankind, this One,  
Is still the little welcome Son.

New every year,  
New born and newly dear,  
He comes with tidings and a song,  
The ages long, the ages long.

*From "Unto Us a Son is Given," by Alice Meynell.*

The first International Congress on Child Welfare was held in Geneva, Switzerland, August 24-28. The meeting was organized by the Save the Children Fund International Union, which formulated the declaration of the rights of the child, known as the Declaration of Geneva.\*

Representatives from most of the countries of the world attended this meeting which was addressed by distinguished experts from many countries with many points of view, all of them similar however in the character of their work.

The three sections included:

Hygiene and Medicine, presided over by Professor Clemens von Pirquet, Director of the Children's Clinic, University of Vienna. Professor von Pirquet is well known for his investigations into the dietetics of children and for the discovery of the von Pirquet test for tubercular susceptibility. The work of this section was devoted to methods of reducing infant mortality, the feeding of babies, preschool children and school children and the use of heliotherapy.

Social Welfare and Administration, presided over by M. Georges Scelle, Professor of International Law at Dijon.

Education and Propaganda, presided over by the Marchioness of Aberdeen and Temair, President of the International Council of Women.

\* \* \* \*

\*By request we are reprinting the Declaration as versified by Ethel Sedgwick, which was printed in the exact form we have reproduced by "Save the Children Fund," 26, Gordon St., London, England.

## WHAT THE CHRISTMAS SEAL SALE DOES

BY ELIZABETH COLE



**EVERYBODY** who buys Christmas seals is a partner in the campaign to educate the public in the prevention of tuberculosis, and the men, women and children whose contributions may

be ten cents, ten dollars or ten hundred dollars, may feel that they are supporting a project of great national importance. That their interest and help have been of real assistance is seen in the fact that in the past twenty years the deaths from tuberculosis have been decreased from over 200 per 100,000 population to 94 per 100,000. If these figures are to be maintained, however, public interest and support must continue.

All the elements in the campaign for which the funds from the Christmas seals are used have been growing and flourishing. Since 1907 when the first \$1,000 was raised for a tuberculosis hospital in Delaware, up to last year when \$4,496,000 were raised, \$30,000,000 have been realized. This has been used to bring into existence and build up the following items in the educational and prevention campaign.

There are now over 600 hospitals and sanatoria (of which 18 years ago there were but 100) with nearly 70,000 beds.

There are more than 600 clinics and dispensaries where persons may go for periodic physical examinations.

At least 10,000 nurses who are detecting the disease in the schools and homes are giving, not only treatment, but helpful health instruction to mothers and children.

Research workers and statisticians are collecting data of untold value.

Publicity experts in the past 18 years have distributed millions of pieces of printed matter, and thousands of columns of newspaper and magazine articles have helped to appeal to all ages, types and classes of both native and foreign born. Other forms of publicity are lecturers, speakers, demonstrations and exhibits, motion pictures, health plays and pageants, posters and stories.

The Modern Health Crusade with an enrollment of over 8,000,000 school children has been teaching these boys and girls good daily habits of health.

For those who are malnourished or predisposed to tuberculosis at least 3,000 open air schools, preventoria and outdoor camps have been established.

And finally, there is the Christmas seal sale itself.

Through understanding what the funds from the sale of seals have accomplished and must continue to accomplish, through talking Christmas seals, through selling and buying them, public health nurses have a chance to be partners in the great campaign.

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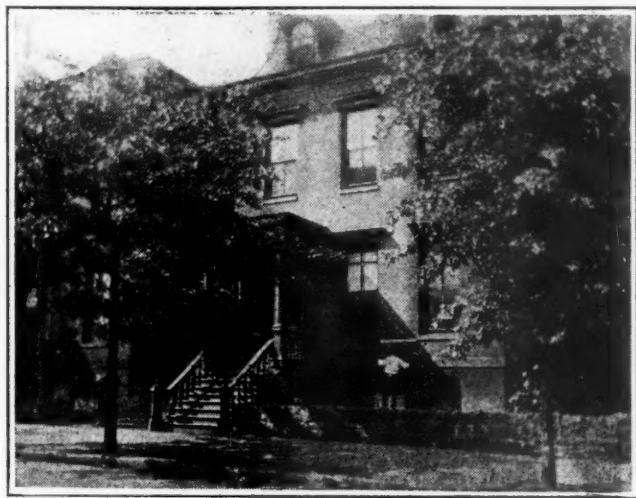
The School of Social Work and Public Health, Richmond, Virginia, which this year became a part of the College of William and Mary, is occupying its new home, a fine old mansion on one of the most beautiful residence streets in the city. The building has four class rooms, a library, living room, sun parlor, two offices, fourteen dormitory rooms, four baths, dining room and kitchen. A small building in the rear is used for an assembly hall and gymnasium, and the wide lawn, destined to house a modern school building when the need arises, will be used temporarily for a tennis court and other equipment.

At present the school has five regular students in public health nursing. Seven public health nurses employed by the Visiting Nurse Association, whose headquarters is within easy walking distance of the school, are taking work in the night classes.

## THE VISITING NURSE SERVICE OF NORFOLK

The first visiting nurse came to Norfolk, Virginia, in 1896 under the auspices of four circles of The King's Daughters, now developed into The Norfolk City Union of the King's Daughters, which employs twenty nurses, and has twenty-four circles

ment of the home acquired by the Association in 1916, a large and charming house where the upstairs rooms are rented to nurses wishing to live in the house. This basement, too, was outgrown, but the Kiwanis Club came to the rescue, and, in 1920, built



*Headquarters of the Visiting Nurse Service*

with a membership of more than 800.

This first nurse, Miss Edith Nason, a woman possessing not only training and experience but also vision, built a solid foundation for the work during her sixteen years with the Association. She served as Superintendent for many years before her death in 1912. During the early years of her service, when there were no automobiles and street car service was far from adequate, she made her rounds on a bicycle.

By 1913 the visiting nurse service was growing steadily but there were few clinic facilities. The superintendent of the Association persuaded a leading pediatrician to meet her once a week in the basement of the nurses home, and look over the babies in need of attention. Soon the attendance at the clinic overflowed the quarters provided and it was moved to the base-

"Kiwanis House" to house the clinic properly.

Children up to 14 years of age are accepted in the clinic, which is remarkably thorough in its methods and enlists the services of specialists in almost every department. A dentist is in attendance every afternoon, and school nurses bring the children from their districts to the clinic. Adenoid and tonsil operations are performed twice a week. The children are kept for 24 hours, and are then kept under the supervision of the visiting nurses. About 800 babies are under supervision in the feeding clinic. Ill babies may be kept in a small nursery for brief periods.

Realizing the importance of prevention as well as cure, the Association, in 1922, opened its first Health Station.

The sixteenth of the series depicting the homes of voluntary, municipal, and state public health nursing organizations.

There are now four such stations, three supported by Red Cross chapters and one by a Community League. One of the Red Cross Stations is established in a quaint old fire engine house in a suburb nine miles out of Norfolk.

Well baby conferences are held in every Station once a week with nurses from the Health Department and the Visiting Nurse Service of the King's Daughters. Diagnostic clinics for pre-school children are conducted once a week by the Medical Inspector of the public schools, and the follow-up work is done by the nurses of the Association. There is also a prenatal clinic. The hospitals have proved most co-operative and free beds are always at the disposal of the Association's patients.

The Health Stations are used as district offices for the Visiting Nurse Service. The educational clinics, classes, etc., are also held in these stations. More Health Stations are needed and it is hoped to supply these very soon, and to enlarge the clinic which is outgrowing its quarters.

Two hospitals in Norfolk now send students to the Association for two months field experience in their senior year. Demonstrations and conferences for these nurses are arranged and their field work is carefully supervised.

The table below is interesting as it shows the growth in both services, and

the budget which has had to grow also.

Largely due to the efforts of the Children's Clinics, the city health officer feels, there has been a radical decline in the infant mortality rate.



*An old fire engine house used as a health station—equipped by the Norfolk Chapter, A. R. C.*

In 1918 to every 1,000 living births, deaths under 1 year of age, 138.

In 1920 to every 1,000 living births, deaths under 1 year of age, 100.

In 1922 to every 1,000 living births, deaths under 1 year of age, 86.

*Table Showing Growth*

	Total Calls Visiting Nurse Service	Total Attendance Children's Clinic	Total Disbursements
1915.....	18,850	1,338	\$9,788.96
1916.....	16,874	2,414	9,071.78
1917.....	16,986	4,295	13,139.64
1918.....	19,556	4,895	19,868.38
1919.....	29,266	4,661	31,428.58
1920.....	27,218	6,978	38,590.14
1921.....	28,201	9,456	39,718.85
1922.....	29,968	10,588	41,957.87
1923.....	33,974	10,766	43,640.24



## REGIONAL CONFERENCE REPORT OF SECOND CONFERENCE, STATE SUPERVISORS OF SCHOOL NURSING

Ideals and hopes, interest and enthusiasm,—all of these were present among the state supervisors of school nursing who met together for their second annual conference in Boston on November 13-14, 1925. The school nurses who were present at the first conference, which was held in New York City last spring, were all in attendance at this time. The meeting was strengthened by the addition of two school nursing officials, Miss Beatrice Short, Secretary for School Nursing, National Organization for Public Health Nursing and Miss Miller, who is Consultant with Miss Brooks in school nursing in Massachusetts. An effort will be made at the next meeting, which will be held in October, 1926, in Philadelphia, to have the Chairman of the School Nursing Section of the National Organization for Public Health Nursing attend.

The purpose of these conferences, as is obvious, is to consider, to weigh, and to help solve problems in school nursing. The introduction of certain important topics for general discussion in place of a formal program gave an opportunity to each member present to take an active part in the discussion.

In the discussion of records and record-keeping, it was found on comparison that the monthly record of school nursing is similar in content to that used in each state. Keeping an accurate daily and monthly report is considered to be very necessary and each nurse is urged to submit a copy of her monthly report to the local superintendent of schools. It was thought a weekly record takes too much time, is unnecessary, and is therefore discouraged.

Considerable time was given to a consideration of the courses for and preparation of school nurses. While many questions were raised in this connection, it seemed to be the general

opinion that because of the importance of this problem the matter should be given additional thought by each member present, and that at the next meeting the directors of public health nursing courses should be invited to meet with this group to consider the matter jointly. We present some of the statements made which are pertinent to the problem, and it is emphasized that these were statements—not conclusions.

A normal school offers an excellent place for the conduct of a school nursing course. This is so because of the practice field which it offers. Massachusetts and New York conduct summer courses in school nursing in normal schools. Connecticut is offering an extension course for the training of school nurses through its normal schools this year. These extension courses are planned by members of the staff in Health Education of the State Board of Education and given by members of the faculties in normal schools. The usual number of credits is allowed.

At the present time it is very difficult to secure experience for school nurses. City programs in school nursing are of little value to the nurse who expects to engage in a one-nurse service. Best experience is obtained in small town or rural service where work is well organized.

Greater effort should be made to build up services for demonstration. Experience with visiting nurse associations is of great help in school nurse preparation as far as it affects her contacts with the home and also contacts with social agencies in the community, but affords little value as far as her work in the school is concerned.

Other points considered were helps for school nurses. These include regional conferences, letters and bulletins, and visits by supervisor of school nursing. The greater portion of the time of the school nurse supervisor is spent in field visits.

The meeting was in charge of Miss Beulah L. Gould, Supervisor of School Nurses, The State Department of Education, Albany, New York.

ANNA L. STANLEY.

## 15 MANCHESTER SQUARE

*A Red Cross Club for International Nurses*

BY NORAH HILL

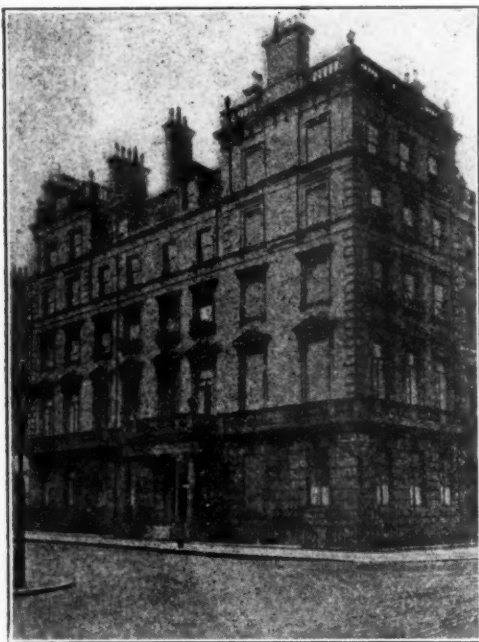
Secretariat of the League of Red Cross Societies, Paris

**F**IVE years ago the League of Red Cross Societies established an International Public Health Nursing Course in London, in order to meet the increasing demand in all countries for nurses trained in public health work. The course is intended for graduate nurses only and is held at the Bedford College for Women, University of

tries to carry on pioneer work in the public health field.

Ever since the International Course was inaugurated the League's Nursing Division has longed for a residential centre which would be a real home for the international students, but until last year the centre was only a dream. Then at a thrilling moment during the meeting of the Third General Council of the League in 1924 Dr. Alice Masarykova, President of the Czechoslovak Red Cross, got up at the Council meeting and not only suggested that a permanent international residence for the students be established in London but offered a substantial gift from the Czechoslovak Red Cross towards its realization. Her offer was immediately followed by others from the Red Cross Societies of the United States, Great Britain, Greece, Japan, the Netherlands, Kingdom of the Serbs, Croats and Slovenes and Siam, and from that moment the International Centre became a reality. Nothing remained but to find a house and to furnish it in time for the opening of the 1925-26 course. The contribution of the British Red Cross went to purchase the leasehold of a fine old house at 15 Manchester Square, London, conveniently near Bedford College, and on June 30th last, after several busy months of necessary alterations to provide individual rooms for so large a group, papering and painting and furnishing, the International Nursing Centre was formally declared open by H.R.H. the Duchess of York.

The house is intended not only as a residence for the students attending the course but as an international home for all foreign nurses, a club where lectures on international nursing subjects will be delivered and where a reference library will be established. It has been charmingly furnished and



*15 Manchester Square*

London, in co-operation with the College of Nursing and other social and health agencies. A second course was established last year for those specially qualified to be directors and teachers of nursing education in training schools. In these five years eighty-five nurses from thirty-seven different countries have completed the courses and have returned to their own coun-

is already occupied by next year's international group. In the entrance hall stands a beautiful copper Canton gong hung in an oak frame, with the inscription "1924-25 calling", a gift and memory of the nineteen students of last year's course, now scattered all over the world. Upstairs the 21 study bedrooms are artistically decorated, the draperies for some of them having been sent by national Red Cross Societies. These rooms will be named after the countries decorating them and will be put at the disposal of their students.

The establishment of this centre has

already enabled the League to reduce its scholarships for the course from £250 to £200, and it is hoped that this will enable more Red Cross Societies to send students. The fund for the upkeep of the home is continually being increased by gifts from Red Cross Societies. Books for the library will be very welcome. The League feels confident that the club, having once materialized, will have the constant support of all national Red Cross Societies, and the enthusiastic delight of the students themselves in their new home holds promise of a successful future.

We had the privilege of making a brief stay at 15 Manchester Square and were greatly taken with the pleasant "atmosphere" of it all. The beautiful and stately old world living rooms with their entirely modern comfort, the delightfully individualized study-bedrooms, the austerity of the library (waiting for more books for these eager students) and the admirable management of the house make up a well ordered and delightful whole. Only part of the student group had arrived when we were there—we recall India, Finland, Austria, France, and other as distant countries. We cherish quite enchanted memories of evenings with music from all the countries, while the language accomplishments of everyone put us to shame. The house looks out on one of those green and shady "squares" that are part of London's charm—with a key to enable the students to unlock its solitudes. There was a sort of wistful happiness in the pleasant house, with all its thought and care for the comfort of the students—they so far from familiar things—that went to our hearts. We felt that surely here should dwell the true world spirit.



HE moves from bed to bed with down-dropped eyes,  
And as she moves I hear the sough of winds,  
Of low winds in a moonlit wooded space  
(A hunter's moon that rises from a lake),  
And I can smell the smoke of burning boughs  
Mixed with the cool scent of the leafy earth.

*Quotation from "The Indian Nurse," Elisa Van Wyck*

From the 1926 Calendar, "The Nurse in Poetry," published by Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City.



## THE PUBLIC HEALTH NURSE AT ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Public health nurses were agreeably in evidence at the Annual Meeting of the American Public Health Association in St. Louis. They seemed welcome and not at all a strange part of that assembly of physicians, health officers, sanitarians, vital statisticians, laboratory workers and others active in the cause of public health. The Nursing Section, launched as a provisional section only three years ago, has become an accepted part of the organization.

The section had but one separate meeting—and that a well attended business meeting.

Of especial interest were the reports and discussions of two committees. The first was the report of the Committee on Standard Forms for Annual Reports of Visiting Nurse Associations, given by the Committee secretary, Miss Marguerite A. Wales. Much interest was shown in this report, and it was decided to enlarge the scope of this committee to include consideration of standard forms for annual reports for state and municipal nurses, rural nurses and others.

The other report was presented by Mrs. Helen LaMalle, chairman of the Committee on Qualifications for Public Health Nursing Positions, a joint committee of the Nursing Section of the A.P.H.A., the N.O.P.H.N. and the State and Provincial Health Authorities of North America. It will be remembered that last year, at the Detroit meeting, Miss Mabelle S. Welsh presented the report on the qualifications for field staff positions—published in the June, 1925, number of *THE PUBLIC HEALTH NURSE* and *The American Journal of Public Health*. This year the report covered qualifications for supervising and directing nurses in the public health field. Dis-

cussion was ready and keen. The need for well prepared women was strongly emphasized, yet careful allowance made for the person who, without academic opportunity, has demonstrated her capacity for executive or supervisory responsibility. The Section approved the report with a few amendments. It will be referred to the N.O.P.H.N. and to the State and Provincial Health Authorities of North America for their approval, and subsequently published. It is well worth watching for.

The officers of the Section for 1925-1926 are:

Chairman, Sophie C. Nelson, Boston  
Vice-Chairman, Elizabeth Stringer, Brooklyn  
Secretary, Agnes Martin, Syracuse  
Members of the Section Council, Elizabeth G. Fox (reëlected) and Alta Elizabeth Dines.

The joint sessions of the Public Health Nursing Section with the Public Health Administration Section were considered a great success. Certainly the subject chosen—The Division of Responsibility Between Public and Private Agencies for a Public Health Nursing Service—is one which has been given much thought. The papers were excellent and the ensuing discussion lively. Mrs. Churchill Humphrey of Louisville represented the board member of a privately financed public health nursing organization and the contributing citizen; Miss Sophie C. Nelson, the nurses. Dr. L. D. Bristol suggested that instead of considering the *division* of responsibility, we consider the *sharing* of responsibility and that closer understanding between the private and public agencies be fostered at every opportunity. This was the sentiment expressed throughout the meeting. Dr. Arthur O. Peters gave an outline of the Dayton (Ohio) service, where the public and private public health nursing groups are under one direction.\*

\* An account of the reorganization of the Dayton Public Health Nursing Service appeared in the October magazine.

At the joint meeting with the Child Hygiene Section, the subject Health Education in the Class-Room was presented from several angles. The nurses' part was ably pictured by Miss Elma Rood.

At the Public Health Forum Miss Marguerite Wales courageously started discussion on the question of the public health nurse safely carrying communicable disease nursing along with her day's work in homes where there is no infection. The nurses were championed by health officers and physicians and we all came away hopeful that adequate nursing care of patients with communicable diseases might be nearer. At present these—the most preventable of all diseases—are the most under-nursed, as in most instances over-anxious mothers with little or no understanding of communicable disease

technique must shoulder the responsibility.

At the dinner conference on Education of Sanitarians, a high compliment was paid the opportunities already available for special preparation for public health nurses. The fact that an educational committee had been working on this problem for a dozen or more years was lauded. Miss Lillian A. Hudson spoke admirably. We felt a glow of satisfaction for standards well conceived and a hope of better accomplishment in the future.

On the whole, it was a very satisfactory meeting as far as public health nurses were concerned. Our part of the nursing profession was well represented by thinking women willing to participate and eager to listen.

ALTA E. DINES

## ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The sixteenth annual meeting of the National Committee for Mental Hygiene—small in comparison with that of some of the other National organizations—represented a carefully chosen group of notable people not only directly interested in the wide field of mental hygiene but others caught in the net of its rapidly growing "implications." That no one engaged in any form of work which touches on social life can any longer carry on his or her work intelligently without a knowledge of the importance of mental hygiene, was brought out by Dr. Charles P. Emerson in an address on "The Broader Aspects of Mental Hygiene." Dr. Emerson cautioned his hearers against the dangers of "stereotyped ideas becoming a political platform" because of insufficient knowledge on the part of the "lay" public, with unfortunate results—instancing the Binet Test. He reminded his audience that there can be no short cut to true knowledge and that mental hygiene is the final fruit of medical education, arrived at by a steady climb

through general medicine, psychiatry and social service. He also deprecated "spreading thin"—a small problem well done is better than a larger half done; half done is also half dangerous—mental hygiene run wild is a danger rather than a safety.

Dr. Frankwood Williams in a report of great interest on "Aspects of the Year's Work" spoke of the advance within a few years in clearing up the completely chaotic condition which previously existed as to the number and variety of people in institutions—and also the development of a form of nomenclature applicable to the whole field of mental hygiene. Recognizing the importance of the studies made by the Committee, the Federal Government requested the Committee to help in making forms for investigations. Also as a result, the Census Bureau now proposes not only to make an annual census of mental hospitals, but also monthly studies.

As a result of the interest aroused in colleges, special pieces of work will



probably be undertaken in the near future.

The whole subject of mental hygiene is getting over to entirely new groups through the publication in all newer sociological books of sound presentation of the subject with the result that money is increasingly being appropriated for mental hygiene projects.

Dr. Williams sounded a note of warning that in the development of all this interest, it must be maintained on as sane a foundation as possible. Information and data must be tested and true and *accurately interpreted to the public*—so apt to seize upon new ideas and run away with them. For this, as in all other developments of social work, trained people are absolutely essential. Ten physicians aided by fellowships provided by the Commonwealth Fund have during the past year been trained for extension of the work in different parts of the country. This year the Graduate School of the University of Pennsylvania has established a course in neuro-psychiatry, and Yale University has established a chair.

As a significant indication of the advance of mental hygiene aims and ideals in allied fields, Doctor Williams mentioned the work of the Ninth International Prison Congress, held in London last August. The resolutions passed at this Congress, some of which Doctor Williams read, are clear evidence of an increasing rapprochement between those who represent the penal

law and those who are dealing with human problems from the point of view of scientific humanitarianism.\*

The title of the speech on the program assigned to Mr. Barry C. Smith, General Director of the Commonwealth Fund, "Inthemis," aroused much speculation beforehand, with searching of memories for Greek roots. Mr. Smith cleared up the intriguing problem by explaining that a certain small boy after listening to the account in the Old Testament of the creation of the world—"the sea and all that in them is," created in that secret sanctuary of a child's mind a shadowy land of "Inthemis" in to which went as inhabitants all those puzzled-over difficulties and obstacles in the infinitely intricate life of a child.

He then enlarged on the points made by the previous speakers of the importance of having the delicate subject of mental health in the hands of those adequately trained—and spoke with some irony on the average social worker's conception of mental hygiene, how earnestly but with what unintelligence they went into realms—"Inthemis"—which should only be entered by those panoplied with the best that study and training can give. Mr. Smith emphasized the danger of "half knowledge," especially unfortunate in mental hygiene, and added his belief to that of the other speakers on the great and increasing need of thoroughly trained workers.

A. M. C.

\* A full report of the Congress, by Doctor Bernard Glueck, one of the New York State delegates, will appear in the January number of *Mental Hygiene*.

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# ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* ANNE A. STEVENS

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## SALARY QUESTIONNAIRE

To keep information about the salaries paid public health nurses up to date, it is necessary to collect information yearly, and the N.O.P.H.N. plans to do this. In order to best serve the agencies interested in knowing about salaries of public health nurses, a questionnaire was sent to 120 agencies, both official and non-official, to determine: the kind of information regarding salaries that is wanted, the date of the information, and the time of the year the agencies want to have this information.

From the replies received it seems that salary information as of the current year is generally desired. Also that this information be available for reference at some period earlier than June first. Many agencies reported that as they receive funds from Community Chests, it was necessary for them to have their budgets for the following year ready by June of the current year. In addition to information regarding the amount of the monthly salaries of nurses, many agencies wanted information about vacations, hours on duty and provisions made for sick leave.

Taking these points into consideration, the Statistical Service of the N.O.P.H.N. plans to send out a questionnaire in January, 1926, to a selected list of official and non-official agencies, employing public health nurses. This schedule will ask for information regarding:

- The monthly salaries of all nurse members of the staff

- The salary policy of the agencies

- The number of hours nurses are on duty

- The policy of the agency regarding vacations and sick leave

- The monthly salaries and duties of the non-nursing members of the staff of each agency.

Because of the lack of uniformity among the different agencies as to the personnel and duties of the non-nursing staff, this last question has to be a general one.

The data gathered will be tabulated and the findings published in the April, 1926, issue of the magazine. The form of the report will be much the same as that published in the February and May, 1924, magazines.

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## REGIONAL CONFERENCES

Following the regional conference of State Supervisors of Nurses held in Atlanta in May, note of which was made in the magazine, three conferences were held during the month of October: one in New York City on October 2 and 3; one in St. Louis on October 23, and one in Chicago on October 27 and 28.

At the New York conference there were representatives from New York, New Hampshire, Pennsylvania, Connecticut, and Maryland; at St. Louis representatives from Arkansas and Missouri; at the Chicago conference representatives from Michigan, Wisconsin, Minnesota, North and South Dakota, Iowa, Illinois, Indiana, and Ohio.

The general discussion centered around problems directly concerned with work within state departments of health.

At these conferences representatives were also present from the state Tuberculosis Associations, the Red Cross, and the Metropolitan Life Insurance Company supervisors. This group of nurses was asked to discuss problems of mutual interest to the official and non-official groups.

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## RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

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THE Annual Report of the American National Red Cross for the year ending June 30, 1925, has just been published. Though one may know only superficially the significance of such terms as "Disaster Relief," "Transient Service," "The Evergreen School for the Blind," "Delano Red Cross Nursing Service," "Nutrition Service," which one's eye falls upon as one scans the index, such titles as "World Emergencies Helped—China Flood Relief—Quinine to Greek Refugees—Mexican Fire Victims—Esquimaux Returned Home from China," stir one's fancy and one's sympathetic understanding as they call to mind Dr. Harry Emerson Fosdick's statement: "Modern opportunities for money's use are more marvelous and enticing than 'Arabian Nights' and more romantic than the folklore of any people."

No, the annual report is *not* "dry" reading. Tucked away in the back of the report is the story of a Greek who left his wife and three children in Thrace in 1910 to seek his fortune here in the United States.

Four years later, having prospered, he sent for his family, but the war detained them. During the war period he kept in touch with his family through the Red Cross, providing money for their maintenance and, finally, when peace came he again sent for them. Just then Turkey and Greece went to war, and again their departure was delayed, and in the movement of refugees, all trace of the family was lost. Fortunately the Red Cross found them and arranged for their transportation to America. But the immigration quota being filled, the family was held up in Paris. During all this time the Red Cross, through its contacts abroad, looked after the welfare of the wife and children. Finally they were put on a ship and sailed for America. Coincident with their departure, the father was murdered, and now the family, which has arrived, is being looked after by a local Chapter, while the estate, amounting to several thousand dollars, is being settled.

This story catches one's imagination. It is the only story told in the 103 pages of the report. Where then is the special appeal of this Annual Report? In the words of the Vice-Chairman of Domestic Operations, the report shows

two things which are impressive from a national standpoint: First, the remarkable growth and vitality of many particular phases of the work and the stability of interest on the part of members and Chapters, and second, how complex the organization is and how easy it would be to picture half a dozen or more separate national organizations attempting to foster and supervise these things, with separate finance and without the coordination or simplification afforded by Red Cross organization.

As evidence of the truth of these statements excerpts have been taken from several sections of the report and presented without explanation that the reader may have in the briefest possible manner a birdseye picture of the work accomplished in 1924-1925. At best this summary shows only the variety and the peaks.

### *At Home*

*Disaster*—There were 61 domestic disaster operations reported in which the Red Cross rendered service either through Chapter or National Staff personnel during the year. In 34 of these the National organization appropriated the sum of \$3,047,256.49, of which the greater portion was received as direct contributions for the relief of specified disasters.

In rural relief, the "caravan," first used at Lorain, Ohio, and later in Illinois and Indiana following the tornado of March 18, 1925, has proved an efficient means of clearing ground of debris, and of doing emergency fencing and other work on the farms necessary to insure the prompt planting of crops.

*War Service*—The Home service work of Chapters continues to be the keystone of Red Cross service to veterans and to men now in America. At the close of the last fiscal year, 2,591 Chapters were active in Home Service work and had expended in such work approximately \$2,237,000.

The continued development of Red Cross service in Soldiers Home hospitals is noteworthy.

The Red Cross has maintained throughout the year Field Directors at all important Army, Navy, and Marine Corps stations, camps and hospitals

to act in matters of voluntary relief and in accord with the military authorities as a medium of communication between the people of the United States of America and their Army and Navy

as authorized by its Congressional Charter.

*Nursing Service*—In a number of disasters during the past year in which the Red Cross has given aid and where the service of nurses was required, they have been among the first to mobilize. The swiftness and efficiency with which they have been made available for such service has tested and proved the practicality of the machinery provided by the local Red Cross nursing committees, functioning in coöperation with the local Chapters.

#### *Nursing Service Statistics*

Total enrollment on June 30, 1925.	42,002
Total active enrollment—June 30, 1925 . . . . .	27,340

#### *Red Cross Nurses in Active Service June 30, 1925*

Public health nurses . . . . .	845
Instructors, home hygiene and care of the sick classes . . . . .	1,130
Total—nurses on duty outside the U. S. under the A.R.C. . . . .	74
Total—nurses on duty outside the U. S. referred by A.R.C. to other organizations . . . . .	21
Total nurses in government service.	3,288

*Home Hygiene*—Emphasis on restriction of the size of classes and better preparation of instructors has featured the work of this service during the last year.

Work with the Girl Scouts, Camp Fire Girls, and Girl Reserves has con-

tinued; likewise with telephone companies, public and private schools, community and industrial groups.

*Public Health Nursing Service*—Taking up the slack all along the line has been the chief activity of the Public Health Nursing Service this year. The initial period of promotion and organization of Chapter public health nursing has largely passed and there has been time to devote to solidifying and rounding out our many young, struggling services. It is gratifying that this work of the Chapters is steadily gaining in importance and dignity in community and state public health programs.

It has also been possible to systematize and clarify somewhat more sharply the facilities provided for the assistance and support of Chapter public health nursing, the use of these facilities by the nursing staff at the National and Branch offices and in the field and the development of a more definite and sure technique of field work.

The development of itinerant nursing has been confined largely to the Southwest where twenty-five Chapters have taken advantage of this opportunity to obtain for their communities some of the benefits of public health nursing.

As a further service to the Indians and to the Federal Bureau of Indian Affairs, plans have been developed for the inauguration of two additional undertakings on Indian Reservations.

*Nutrition*—During the year there has been a growing understanding and appreciation on the part of field representatives, Chapters, coöperating agencies, and groups, in regard to the place of nutrition in community programs, and a steady increase in the number of Chapters establishing a nutrition service.

*First Aid*—Many cities throughout the United States are showing concern as to First Aid training for police and fire department personnel, and through local Chapters real results have been obtained.

First Aid instruction in public and private schools, colleges and universities has increased during the year.

*Life Saving*—To meet the need for standardized instruction in water Life Saving, First Aid and allied subjects, the American Red Cross conducted nine First Aid and Life Saving Camp Institutes with a total attendance of more than 600.

Municipal recognition of Red Cross Life Saving is spreading throughout the country. A partial survey indicates that more than 80 cities now use the Red Cross senior test as a minimum entrance requirement for municipal life guards.

The total memberships of the Life Saving Corps at the close of the fiscal year was 72,810.

*Volunteer Service*—Garments were provided for tornado sufferers and for other special needs.

For home service and our disabled veterans, a large number of garments have been provided, as well as layettes for the soldiers' families.

A few Chapters have done fine service in the making of surgical dressings for local hospitals and smaller organizations, the institutions providing the material and the volunteers giving the service.

Red Cross volunteers produced 105,946 pages of brailled manuscript during the year, while 82,882 pages were prepared for binding.

*American Junior Red Cross*—Growth has been steady and stable, giving assurance of the appeal and worth of the Junior Red Cross program.

In ten counties in North Carolina the intensive experiment of adapting Junior Red Cross to disadvantaged schools has been carried out.

The development of a Junior Red Cross program in Indian schools has proceeded successfully. With the whole-hearted coöperation of the Indian Bureau, satisfactory progress has been achieved throughout the entire Indian School system.

In the autumn of 1924, native Alaskan schools were enrolled on the same basis as Indian schools and many Eskimo children undertook Junior Red Cross work, school correspondence being especially popular.

International school correspondence continues to grow in popularity among teachers and pupils and to hold the approval of educational authorities.

Approximately 100,000 Christmas boxes, full of simple but practical gifts, were sent to children in European countries and in some of our insular territories.

*Museum*—The Red Cross Museum has now entered upon its seventh year, and in many ways its development has gone far beyond the vision of those who witnessed its beginning in 1919. During the year, exhibits of great value and interest, numbering some 270, have been added by gift, loan or purchase.

#### *Abroad*

The Red Cross, as agent of the American people, becomes the objective for appeals from those who suffer, without regard to distance or geographical location. To respond favorably to all appeals would exhaust the resources of the Red Cross and overtax the generous impulses of America. It becomes necessary, then, for the Red Cross to fix upon a policy for the government of its international relief operations which will protect American generosity and so conserve the Red Cross funds that it will be prepared to give prompt and adequate assistance when crushing calamities fall in any part of the world.

It is a matter of principle with this Society to coöperate as fully as possible with the Red Cross Society of the country in which a disaster has occurred.

Within the last two years 17 disasters have occurred in foreign lands in which the Red Cross has been justified in giving relief under this policy. The relief expenditures involved more than \$12,000,000.



## MEETING OF NURSING ADVISORY BOARD, LEAGUE OF RED CROSS SOCIETIES

Shortly following the International Congress in Helsingfors another interesting international nursing meeting took place in France, that of the Nursing Advisory Board of the Nursing Division of the League of Red Cross Societies, which held its second annual meeting in Paris August 12 and 14. This Board is a small advisory committee of seven, representing as many different countries, and composed of nurses whose professional experience places them in a position to act as valuable counsellors to the League in carrying out its nursing program.

The members present were the Baroness Mannerheim, of Finland, presiding; Miss Lloyd-Still, of England; Miss Munck, of Denmark; the Countess d'Ursel, of Belgium; the Marquise di Targiani Giunti, of Italy; Madame Mascart, of France, representing Mlle. Flourens; and Miss Gardner, of the United States, representing Miss Fox. Other nurses from various countries were present at some of the sessions.

The meetings were opened by a few words of welcome from Mr. Kittredge, acting for Sir Claude Hill, Director General of the League. Dr. Sand followed Mr. Kittredge with an interesting account of the activities of the League of Red Cross Societies and the relationship of these to the Division of Nursing.

The gentlemen then withdrew, and Miss Olmstead gave her report of the work of the Nursing Division with her plans for future development, and Mrs. Carter reported on the international course in public health nursing offered by the League in connection with Bed-

ford College, London. The study visits of the Nursing Division were reported by Mlle. Lefebvre, and the plans for the publication work of the Division by Miss Smith.

All these reports dealt not merely with past accomplishments, but were full of suggestions for the future which stimulated discussion. The main points of interest were the International Course and its conduct; the possibility of increasing the value of the course by some form of supplementary consultant service for its graduates; the educational requirements for Red Cross schools of nursing in the various countries with all that is involved in this question in the more backward countries; the advisability of starting a League of Red Cross Societies nursing magazine; and finally, the make-up of the Advisory Board itself—the number of members, the duration of membership, etc.

At the last session, held August 14th, the Board agreed upon sixteen recommendations to be submitted to the Director General of the League. Though these recommendations were the result of three days of very vigorous discussion, all were unanimously passed.

On one of the evenings of the conference the members of the Board were the guests of the League at a delightful dinner, eaten on the roof of one of the high towers of the exhibition buildings from which all of Paris could be seen, with a beautiful setting sun and the myriad lights of the city which came out to take its place.

MARY S. GARDNER

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## POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

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*We conclude in this number the discussion on Visits—begun in the November magazine.*

**Question 1.** *Per cent of unproductive visits (patients not at home)? Is card or message left?*

Two per cent unproductive visits (patients not at home). Nurses always leave card and messages in these instances.—*Instructive Visiting Nurse Association, Richmond, Virginia.*

The per cent of unproductive prenatal visits (that is, not home and unable to locate) for the year 1924 was 23 per cent.—*City of Detroit Department of Health, Detroit, Michigan.*

Four per cent of the total number of visits made during the six months from October 1, 1924, to April 1, 1925, were unproductive.

On the first visit to the patient and to those not found at home, a card is left in the home. A message is left for an expectant mother not found at home asking her to call the office and leave the nearest telephone number where she may be reached for a future appointment.—*Visiting Nurse Association of Milwaukee, Wisconsin.*

In 1924, 9.2 per cent of our total visits to the homes were unproductive, in that the patient was not at home when the nurse called. Eighty-six per cent of these unproductive visits were to well babies.

Cards were left, carrying the nurse's message to the mother. This message sometimes carries an appointment for a return visit from the nurse, but the wording of the message must always indicate that the appointment is provisional and dependent upon the other demands that may be made upon the nurse's time.—*Child Welfare Association, New Orleans, Louisiana.*

During the year 1924 we recorded 9½ per cent of unproductive visits for all types of nursing. This was lower than the two previous years which showed 13 plus per cent. The percentage is high and we found that there was some variation in the understanding of the staff regarding such visits.

A visiting card or message is left advising the patient to telephone us so that an appointment may be arranged. The telephone is our best and very efficient friend. The service is comparatively cheap and a large number of our patients use this method of reaching us.—*The Albany (N. Y.) Guild for Public Health Nursing.*

Almost 13 per cent of our prenatal visits are made to patients "not at home," but these cannot be called unproductive visits, as a message is always left which in many instances brings the patient into the office to see the nurse later in the day or sends her to the doctor or hospital as directed. Leaving a message helps to make the patient realize the importance we place on the need for carrying out advice. If something personal, such as "I am sorry to have missed you—I so wanted to see you," is said she will often try to be at home next time or make an effort to come to the office. In our case if we *did not* carry uncoöperative patients our percentage of "out-visits" would be less.—*New York Maternity Center Association.*

**Question 2. Is an appointment plan successful?**

We have failed absolutely in the appointment plan, although it has not had a fair trial on account of shortage of nurses.—*Instructive Visiting Nurse Association, Richmond, Virginia.*

Appointments for prenatals at the clinics are most helpful in regulating clinic attendance. When the patient registers at the clinic she is given a card, on one side of which is her name and address. The other side is used for return visit dates. The doctor, after examining the patient, checks the next date on which he wishes her to return. Patients are required to bring the card on each visit for the new date. We find it impresses them with the importance of returning on a certain date much more than when we simply told them.—*City of Detroit Department of Health, Detroit, Michigan.*

We have not found an appointment plan practical except by a telephone call on the day the nurse plans her visit, advising the patient that the nurse will call that day and the approximate hour of the visit. In making weekly appointments we have found that the nurses failed to keep the appointments (because of emergency work) more frequently than the patient.—*Visiting Nurse Association of Milwaukee, Wisconsin.*

We have not kept a statistical check on the value of these appointments. Our impression is that they are usually successful for prenatal cases, but that no general conclusion could be reached in other types of cases. The responsive mothers come regularly to clinic or respond to return post card, giving the reason for non-attendance. The mother who does not attend and does not respond is the mother to whom the follow-up visit in the home must be paid—and she is as unresponsive to appointments as she is to the invitation to attend clinic.—*Child Welfare Association, New Orleans, Louisiana.*

Our office though centrally located is in a business section and very few patients can be urged to come to the office for treatments. We are emphasizing the importance of office calls and expect to record a great many more this year.—*The Albany (N. Y.) Guild for Public Health Nursing.*

An appointment plan is very helpful in arranging office visits as it not only saves the mother's time, but it prevents crowding and makes for privacy. It is sometimes possible to make appointments with certain types of mothers for the home visiting. However, if a complete maternity program is being carried by all the staff, deliveries are apt to interfere with the visiting schedule.—*New York Maternity Center Association.*

**Question 3. Is it feasible to limit home visits by having patients come to the office—especially prenatal cases? If this is done, how often should a patient be seen at home?**

We find it practically impossible to have prenatal cases visit the office because of timidity, lack of proper clothing, finances, number of children left in the home without care, and hiding pregnancy.

Had our plans worked for this type of visit to the local office we expected to make our first contact with the patient in the home, check up the supplies, and make another survey of the home, making suggestions for the best possible way of conducting the maternity case. The second visit is made at the end of the seventh month.—*Instructive Visiting Nurse Association, Richmond, Virginia.*

We have not considered asking patients to come to the office.—*Visiting Nurse Association of Milwaukee, Wisconsin.*

When the visit to the "office" is a visit to the clinic, it is certainly feasible. The examination given by the doctor and the conference with the nurse are together more valuable from the physical standpoint than merely the nurse's visit to the home.

The clinic visit does not, however, replace the nurse's visit to the home. For knowledge of environment, for social history and in winning the confidence of the patient, the home visit is indispensable. But in the case of children who are on roll sometimes for years consecutively, after the nurse has won the mother's confidence and has a fair knowledge of the home environment, much nursing time can be saved by having the patient come regularly to the clinic—with advantage to the patient herself.

There is a group of patients to whom home visits have been paid needlessly, we think. These are the patients to whom some simple nursing service must be rendered, *e.g.*, to strap an umbilicus, apply treatment for pyorrhea, etc. We are now making an effort to have these patients come into the station but it is too soon to report on the success of this plan.—*Child Welfare Association, New Orleans, Louisiana.*

We believe that home visits should be made even though our patients are willing to come to the office. Many factors enter into the plan of limiting the number of home visits made to prenatal cases. Some of these are the distance, the condition of the patient, the number and ages of children who are to be left at home and car service.—*The Albany (N. Y.) Guild for Public Health Nursing.*

To limit home visiting by having the patient come to the office is feasible and desirable, and saves the time of the nurse, making it possible for her to care for more patients in a given time. Only mothers who are physically fit and on whom it would not work a hardship should be asked to come to the office. For instance, mothers who are overburdened with housework, mothers who have several small children or mothers who have varicose veins, etc., etc., should be encouraged to stay at home and rest when possible.—*New York Maternity Center Association.*

**Question 4.** *Is group teaching for expectant mothers practical in a general nursing association?*

We most heartily endorse the group teaching for expectant mothers in a general nursing service. We started six groups, three white and three colored, and worked hard over it, but on account of reasons given in our answer to question three, we are at present only carrying one colored group and the success of this is variable.—*Instructive Visiting Nurse Association, Richmond, Virginia.*

Group teaching for prenatals is especially valuable if the lessons include demonstrations. Short talks may be given successfully to the more intelligent groups, but the talk which includes demonstrations and which always emphasizes the positive is of greater value to all. If the mother's interest is to be held the lesson should not last more than thirty minutes.—*City of Detroit Department of Health, Detroit, Michigan.*

We have been conducting Mothers Clubs for expectant mothers and find this type of instruction very satisfactory in one section of our city. The patients are more attentive and interested in the instruction given to a group than they are in their homes. In the home the patient is frequently interrupted because of some household duty and it is not always possible to make a complete visit.

The patients are interested in our exhibit which we display at all meetings and have made their clothing and the baby's according to our suggestions. The quiz given by the nurses creates a great deal of interest. The attendance at the quiz is usually very good, and the answers given by the mothers very gratifying.—*Visiting Nurse Association of Milwaukee, Wisconsin.*

## POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING 633

We have not undertaken "classes" for expectant mothers, but careful individual instruction is given at clinics to which the prenatal cases must come regularly if they are to be delivered by the Child Welfare physician.—*Child Welfare Association, New Orleans, Louisiana.*

So far we have not found group teaching for expectant mothers practical in a general nursing association. We have tried it in the district and in spite of enthusiastic workers the interest waned and the members dwindled so that it became too costly to continue.—*The Albany (N. Y.) Guild for Public Health Nursing.*

### Question 5. *How are the office visits carried in statistical reports?*

Office visits are carried in statistical report as nursing visits.—*Instructive Visiting Nurse Association, Richmond, Virginia.*

Our office visits have been negligible and are not accounted for on our statistical report.—*Visiting Nurse Association of Milwaukee, Wisconsin.*

Our monthly reports of nurses' visits read as follows:

Home visits to patients.

Home visits: patients not seen.

Patients' visits to clinic.

Patients' visits to stations.

The last classification covers patients' visits to nurse at district office.—*Child Welfare Association, New Orleans, Louisiana.*

Office visits are counted as such on the statistical reports and reckoned in the total number of visits. We do all we can to encourage them.—*The Albany (N. Y.) Guild for Public Health Nursing.*



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## REVIEWS AND BOOK NOTES

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### FLORENCE NIGHTINGALE

By Sir Edward Cook

One volume edition revised by Rosalind Nash from the two volume "Life," with additional matter.

Macmillan Company, New York, 1925. \$3.50.

The publication in 1914 of *The Life of Florence Nightingale* by Sir Edward Cook, in two large volumes, was a literary event of importance. Even that fateful year could not lessen the appreciation and enthusiasm with which the appearance of the long expected authoritative life of one of the great women of history was greeted.

These volumes, as we know, have been out of print for some time. At a dinner given in New York in honor of Miss Loyd Still, Matron of the Nightingale Training School of St. Thomas' Hospital in London, Miss Nutting remarked that a re-publication of this intensely interesting biography—so infused with the extraordinary personality of the great leader of our profession—would give new enthusiasm to new recruits. Apparently the publishers have not found this possible. They have, however, just published in one volume an abbreviation of Sir Edward Cook's book, with some rearrangement of the material and with the addition of some new passages, some of which are based on books which have appeared since 1914 and which contain chapters or material on phases of Miss Nightingale's life or work. The new volume has been abridged and revised by Rosalind Nash, herself a member of the Nightingale family.

For those who cannot possess the precious original volumes this will give the essentials of the Cook biography, reverently and sympathetically put together. We owe Miss Nash a debt of gratitude for her labor of love. In the "Conclusion" Miss Nash writes:

It would be impossible to read her life without seeing how imaginative she was—

not with the poetic, but the sympathetic imagination—and how her imagination guided her longing for work. . . . No one can now fail to realize the force of character that accomplished so much. Rather than what is called "force of will"—a phrase which suggests a barren obstinacy—it was the impulsion of her entire personality filled with the thing that had to be done. . . . Her greatness of character may be forgotten, even as "the light shone and was spent." But her work is not spent. She has made the world different for us. She opened many paths of escape from "incivilization" that are still too little used. She set an example of intensity of purpose in the service of the people which has never been excelled, perhaps never equalled. As a figure in history she must be judged and her virtues and failings appraised by the standards applied to the man of action, the public servant, the statesman.

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*The Report of the Meeting of the International Council of Nurses at Helsingfors, 1925*, is now ready. Copies may be obtained from Miss Christiane Reimann, 1 Place du Lac, Geneva, Switzerland. Price, 75 cents (including postage).

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We are glad to announce that in January, 1925, the first number of the new magazine, owned and edited and published by the International Council of Nurses will appear. Those of us who read the *Bulletin*—the forerunner of the new international magazine—published last year under Miss Reimann's editorship, will look forward with very great interest to the first number of the magazine. It will be issued quarterly from the headquarters of the International Council of Nurses, 1 Place du Lac, Geneva, Switzerland. Subscription, \$1.00.

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#### "WHERE DOES YOUR CITY STAND?"

*The Survey Graphic* for November 15th is a special number on the Health of the American City. A number of national health agencies have collaborated with *The Survey* under the

editorial direction of Dr. Haven Emerson—surely a name to conjure with—in the preparation of this special issue to which Haven Emerson, Louis I. Dublin, Katharine Tucker, Ira V. Hiscock, C. E. Turner and others too numerous to mention, contribute.

The coöperating health agencies are distributing thousands of copies of this number where they may be expected to be productive of results in addition to the usual *Survey* circulation. Dr. Haven Emerson makes out a good case for the city dweller and says that his guess is that:

A city will reach the goal (of security for health) before a farmers region; a city of 100,000 or thereabouts before a metropolis; a city west of the Rockies before our industrial maelstrom of races and traditions on the east coast . . .

We have "made good" in our "will to survive" in hordes. How can we keep the mass interested in further progress? Hardly by doing more things for the individual. Perhaps by doing things to him with his own consent. Certainly by getting him to do them for himself.

In "Where Does Your City Stand?" twenty-five pertinent questions and summaries of answers are propounded.

This special number is rich in study suggestions for groups, and in information for the lone individual seeking light in the increasing complexities of the fortunate or unfortunate according to taste, city "indweller."

*The Promotion of the Welfare and Hygiene of Maternity and Infancy*—the administration of the provisions of the Sheppard-Towner Act for the fiscal year ended June 30, 1925—has just been issued by the Children's Bureau.

The report is prefaced by a map showing the states accepting the benefits of the Act—40 in all. The territory of Hawaii has been included, Alaska and Porto Rico have officially asked for inclusion but have not yet been acted upon by Congress.

A general summary of state activities is given, also a summary of principal activities by states.

This is a very bald statement of the

immensely varied programs, and the interesting developments of the programs, which are being carried out. Also the problems which are being uncovered. It would be impossible in a brief notice to attempt to bring out even the most important of the many activities. All nurses, and others interested in maternity and infancy, will find this report indispensable to a knowledge of the wide sweep of the national endeavor to promote the welfare of maternity and infancy—not to mention its very human interest. A number of maps giving the activities of various states add to the value of the reports.

The report concludes by outlining what might be considered the fundamentals of a "comprehensive and forward-looking program":

1. Continued education to develop public appreciation of the value of prenatal, confinement and infant care.
2. Stimulation of complete and early registration of births.
3. Development and extension of facilities for reaching areas where no maternity and infancy work is now done.
4. Establishment of permanent health conferences for prenatal, postnatal, infant, and preschool consultations.
5. Establishment and maintenance of community public health nursing service and of follow up work after health consultations.
6. Provision of hospital facilities for all complicated pregnancies and confinements at least and for illnesses of infants and young children, or where this is impracticable, provision of adequate medical attention and home nursing.
7. Increased local appropriations to cover all public maternity and infancy activities.
8. Improved training by medical schools in obstetrics and pediatrics, especially in their preventive and public health aspects. Postgraduate work for general practitioners, especially those in rural areas.
9. Coöperation between state public health authorities and medical practitioners for the effective carrying out of preventive measures.
10. Development of local responsibility for providing the facilities necessary to carry on permanently such public health activities as are warranted by the demonstrations now being made.

Obtainable from Superintendent of Documents, Government Printing Office, Washington D. C., Price 10 cents.

Recent numbers of *Sestra*, the Bulletin of the Bulgarian Nurses Association (published in Sofia), contain very interesting and dramatic material. Miss Christova, President of the Association, and Miss Sendova, Instructor in the Bulgarian Red Cross School, write about the development of training and of graduate work. Miss Rachel Torrance (now in this country) contributes a paper on The Influences at Work in Bulgaria Affecting the Development of the Nursing Profession, and Miss Hazel Goff, Director of the Bulgarian Red Cross School of Nursing, writes on Prevention of Typhoid Fever. Two Bulgarian doctors also contribute to these interesting numbers. We quote a few paragraphs from an account by Sestra Olga Zapalska, Superior of the Alexandra Hospital, on "The Holiday of Svete Troitzka."

Svete Troitzka is a big church holiday but for us it has a special meaning because it is the holiday for the Svete Troitzka Organization of the Sisters of Mercy. It has always been the custom for the nurses to observe this day, and this year the members of the Red Cross, the trustees and the nurses all gathered in the Pension of the Red Cross Hospital School of Nursing to celebrate the day together. The service was conducted by Archbishop Stephan and three assistants—during which time he gave a very good and inspiring talk.

It is now 25 years since a school for nurses was organized in Bulgaria. Two Russian nurses, Sestra Effrocena Vesotskia and Sestra Sofia Suhonena from Krustooms-doejenskata Organization were invited to help train the nurses.

It was arranged by them that the theoretical work of the students should be completed by May 30 each year, so that commencement could be held on this holiday.

On this day each nurse's heart is filled with rapture though her eyes are filled with tears—and she is inspired to give service in full measure. Since 1901 each new class has experienced joy and satisfaction on this day.

The Nurses Association of Korea is now publishing a Bulletin. The editors are Mrs. A. I. Ludlow and Miss Han Syn Kwang. Among other interesting material, the first number contains a brief article on "Public Health in Seoul."

The Social Evangelistic Center, where the health activities are carried on, has picturesque quarters in the grounds of Moonflower, one of the palaces of the late Emperor. There is also a charming account in this number of one of the ancient Korean Queens (632 A.D.), Tuk-man-i, who "was great-hearted and loving, wise in her nature and most intelligent." On the death of her father, the people recognizing these qualities crowned her with the title of Sacred-Queen. The account of her life goes on to say:

In the 10th Moon of the first year (632 A.D.) of her reign she sent commissioners throughout the state who took note of widowers, widows, orphans, destitute old people, and sick and suffering, made a note of them, and gave them alms.

*A Hand Book for Public Health Nurses* is the most recent achievement of the Public Health Nursing Section of the very enterprising Filipino Nurses Association. We think all who have contributed to the development of nursing in the Philippines will view with pride this accomplishment of the Association. Every detail of instruction seems to have been worked out with utmost care.

The cause, prevention and nursing of the most common diseases public health nurses meet and are called upon—especially in the provinces—to treat, are given. Among these we find listed Asiatic cholera, dysentery, dengue, plague, hookworm.

The cooperating agencies—a surprisingly long list—are given with all details of special service. Our congratulations to the Filipino Nurses Association in the result of the very considerable labor which evidently went into the making of this excellent Hand Book.

The Child Study Association of America (formerly Federation for Child Study) publishes "at intervals" a series of Studies in Child Training in pamphlet form. Lists can be obtained from the Association, 509 West 121st Street, New York City.

Notes from recent issues of *Child-Welfare News Summary*, Children's Bureau:

A recent decree of the Prussian Minister of Trade orders special measures for the protection of pregnant workers. Suitable workrooms, free from excessive heat, steam, and disagreeable odors, must be provided especially for them; managers of large establishments employing many women are urged to appoint factory physicians for expectant mothers and also to supply them with medicines and to provide comfortable rest rooms.

A new world-record infant mortality rate of 40 per 1,000 live births was made in New Zealand in 1924, according to the Royal New Zealand Society for the Health of Women and Children. The death rate of babies under one month old was 24 per 1,000 in 1924, a decrease of 5 per cent from the average for the preceding five years.

The President of Peru has recently ordered the establishment of day nurseries on all estates employing at least 25 women farm workers. A school for the training of child-hygiene workers has also recently been established in Peru, the graduates of which will be employed by the national children's bureau.

The Children's Bureau has on hand for free distribution a ground plan of its playground model. The model was prepared for the bureau as an illustration of how to use a lot of 5 acres or more as a recreation center for children.

The Institute of Child Welfare recently established at the University of Minnesota through a 5-year grant of \$250,000 from the Laura Spelman Rockefeller Memorial has been placed under the direction of Dr. John E. Anderson, formerly of Yale University. The purpose of the institute is to study the small child and make the results of its study available.

The first project of the institute will be the establishment of a nursery school for normal children. Two classes will be formed, one for children between three and a half and four years old and one for children between two and two and a half. Experimental educational programs will be undertaken with a view to determining better methods of instructing and managing small children.

As a second project, the institute hopes to make arrangements for the careful observation and study under home and hospital conditions of a group of infants, from birth up to the age of two years, in order to obtain information about the physical and mental development of infants.

*Opportunity*—that admirable Journal of Negro Life—for November

devotes a good deal of well-spent space to notes on the several books recently published on folk songs and poetry of the American Negro. A review of *The Negro and His Songs*, by Howard Odom, Ph.D., and Guy B. Johnson, A.M. (published by the University of North Carolina Press), quotes the following verse:

Rich folks worries 'bout trouble,  
Po' folks worry 'bout wealth.  
I don't worry 'bout nuthin';  
All I want's my health.

We are indeed advancing. In a recent number of the *Atlantic Monthly* an allusion to the "public health nurse" appeared twice in the Contributor's Column.

Speaking of the *Atlantic Monthly*, we recommend to our readers—young or the more staid, that is if they are—the Diary of Helen Dore Boylston which has been appearing in recent numbers. Miss Boylston is a graduate of the Massachusetts General Hospital Training School who "went over" during the war, and who wrote up red-hot her impressions during those poignant months. In the November *Atlantic*, her later experiences in Albania as a Red Cross nurse are given with equal vividness.

#### CROWDED OUT

Nobody ain't Christmas shoppin'  
Fur his stockin',  
Nobody ain't cotch no turkkey,  
Nobody ain't bake no pie.  
Nobody's laid nuthin' by;  
Santa Claus don't cut no figger  
Fur his mammy's little nigger.

Seems lak everybody's rushin'  
An' er crushin';  
Crowdin' shops an' jammin' trolley,  
Buyin' shoes an' shirts an' toys  
Fur de white folks' girls an' boys;  
But no hobby-horse ain't rockin'  
Fur his little wore-out stockin'.

He ain't quar'lin, recollect',  
He don't 'spec,  
Nuthin'—it's his not expectin'  
Makes his mammy wish—O Laws!—  
Fur de nigger Santy Claus,  
Totin' jus' er toy balloon  
Fur his mammy's little coon.

ROSALIE M. JONAS

From "The Book of Christmas,"  
Macmillan Co.



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## NEWS NOTES

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Several distinguished nurses from "abroad" have recently visited this country.

Miss Janet A. Moore, instructor, Nurses Training School, Otago University, New Zealand, has been visiting several cities here on her return from Helsingfors.

Miss Iku Toderiki, Assistant Matron of the Red Cross Hospital, Tokio, Japan, and Mrs. Shin Inouye, Honorary Secretary of the Red Cross Society of Japan, who represented Japan at the meeting of the International Council of Nurses, have also been in this country, and have visited many places before starting on their long return journey.

Miss Elizabeth Crowell of the Rockefeller Foundation has been here for a brief visit.

Miss Muriel Barnard and Miss Hilda Davies, graduates of the Melbourne Hospital School of Nursing, Victoria, Australia, are also here on visits of observation.

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Miss Amelia Grant, now with the Yale School of Nursing as assistant to the dean, is resigning to become Assistant Director of the Bellevue-Yorkville Demonstration. Miss Grant has been an assistant professor at the Yale school since it was opened.

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Miss Eva F. MacDougall has been appointed Assistant State Supervising Nurse of the Indiana State Board of Health. Miss MacDougall, who, for the past four years has been Assistant Supervisor of the Visiting Nurse Association, New Rochelle, N. Y., is a graduate of the University of Wisconsin and of Bellevue Hospital Training School for Nurses. She took post-graduate work in public health at Teachers College, Columbia University.

Mrs. Kate Kohlsaas has accepted the Directorship of the Manchester, New Hampshire, District Nursing Association. Mrs. Kohlsaas has been superintendent of nurses of several organizations and held that position most recently with the Houston (Texas) Chapter of the American Red Cross.

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### NOTES FROM THE STATES

#### *Arkansas*

The thirteenth annual meeting of the Arkansas State Nurses Association was held in El Dorado October 15 and 16, with an attendance of 125 nurses, the largest attendance at any annual meeting of this association.

Among the interesting addresses were those by Sister Bridget on Nursing Education, by Miss Lillian L. White on Organization, and by Dr. D. E. White. Miss White and Miss Frances V. Brink of the N.O.P.H.N. staff were invited to speak at the Lions luncheon. Miss Brink discussed the place public health nursing is taking as a part of the permanent machinery of a community, and described the nurse as a citizen interested in *all* civic interests.

H. C. Givens of the State Department of Education explained what is being done in Arkansas for part time education with the funds available through the Department of Agriculture and how the science laboratories in public schools are equipped to handle student nurses. He believes it is possible to tie up every school of nursing in the state with the public schools, as has already been done in fifteen states.

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#### *Massachusetts*

Three hundred and ninety-five members of the Massachusetts State Nurses' Association registered at Pitts-



field on October 9th and 10th for the autumn meeting.

Of particular help to the public health nurses, many of whom were from the western and rural part of the state, was the talk by Miss Elizabeth G. Fox, on problems of the nurse working alone. She discussed means of interesting committees and keeping them interested, of organizing volunteers, and of building foundations for the carrying forward of sound pieces of public health work.

The meeting of the League of Nursing Education was devoted to "The Why of Post-graduate Study." There was a brief discussion of the reason for formal training for public health nursing and the conclusion stated that since it is a highly specialized field, it should demand as thoughtful preparation as does any specialized work in medicine.

Miss Marietta Barnaby of Gardner, delegate to Helsingfors from the Massachusetts State Nurses' Association, gave a vivid and charming summary of her impressions of the convention. Some of the problems of the private duty nurse were presented by Miss Sara E. Parsons, registrar of the Central Directory, Boston, in talking on the Central Directory. Other papers were: "The Care of Cardiac Cases in the Home," by Dr. George S. Reynolds, "Nursing and Nervousness," by Dr. Lawrence K. Lunt, "The 25th Anniversary of the *American Journal of Nursing*," by Miss Sally Johnson.

#### *New York*

The New York State Organization for Public Health Nursing, League of Nursing Education and State Nurses Association held their annual meeting in Albany, October 27-29.

The program of the S.O.P.H.N. meeting included the following addresses:

The Public Health Nurse and Civic Affairs, Mrs. C. N. Gilbert; Practical Methods of Teaching Social Hygiene to Young People, Dr. Caro Croff; Mental Hygiene

and Public Health Work, Dr. C. Floyd Haviland; The Interdependence of Social Service and Public Health Nursing, Halle I. Woods.

Speakers at the luncheon program were Dr. Matthias Nicoll and Dr. Frank P. Graves.

The joint session of the three New York State Nurses Associations included on its program a talk on "The Obligation of Opportunity," by Miss Elizabeth G. Fox, president of the N.O.P.H.N.

#### *Oklahoma*

The Oklahoma State Organization for Public Health Nursing held its annual meeting in Tulsa October 29 at the time of the meetings of the State Nurses Association and the State League of Nursing Education.

The S.O.P.H.N. had planned a full and interesting program, including:

The Work of the Public Health Association in Tulsa, Miss Bessie Richardson; Rural School Work, Miss Wilhelmsen; Infancy and Maternity, Miss Ida Lee; Tuberculosis, Miss Grace Baldwin; Health Education in the Schools, Miss Janet Scott; The N.O.P.H.N. and You, Miss Frances V. Brink.

#### *Tennessee*

The Tennessee State Nurses Association met in annual session October 12-13 in Nashville with an attendance of 125. Among the speakers were Miss Malinda Havey; Miss Gage, Professor of Elementary Education at George Peabody College, who spoke on "Professions"; Dr. Bishop, who discussed the organization and mechanics of a State Board of Health; Dr. Mustard; Miss Nell Taylor; Miss Gibbs, who told of the first steps Knoxville has taken in organizing its generalized nursing service, discussion by Miss Heard, Mrs. Uffelman, Miss Sample and Miss Kirsh.

Miss Phyllis Higinbotham gave an entertaining account of her work among the mountaineers, and the spe-

## NOTES FROM STATES—Continued

cial problems of this district. Miss Frances V. Brink of the N.O.P.H.N. spoke on some of the outstanding features of public health.

*Utah*

The Utah State Organization for Public Health Nursing, which held its annual meeting in Salt Lake City October 22-23 held one joint session with the State Graduate Nurses Association. Its sessions on the 23rd were devoted to a discussion of the following:

Results of a Community Preschool and Welfare Clinic, Miss Ella Wicklund; Student Health and Welfare at University of Utah, Mrs. Ruth Brewerton; Organizing a Community Welfare Clinic, Mrs. Ella Canover; Public Health Nursing with the Veterans Bureau, Miss Margaret Ingersoll; The Community Nurse, Miss Daphne Dalton; Health Program of the Parent-Teacher Association, Mrs. A. H. Reeves.

Number 1, Volume I, of the Utah S.O.P.H.N. bulletin was issued in October. It relates the activities of this organization which has held several interesting meetings during the year. The S.O.P.H.N. maintained a booth at the state fair demonstrating work done by the public health nurse, and at the invitation of the Bureau of Child Hygiene coöperated with the Bureau in conducting their program of child hygiene at the state fair.

The October Meeting of the New England Industrial Nurses Association was held in Boston, October 10.

Mr. John Calder, of the Royal River Manufacturing & Power Company, spoke on "The World We Live In." As he has been forty years in industry (twenty-five years in the United States, and previous to that in Scotland, England, Belgium and France), he may well say that he saw the beginning of industrial nursing. Looking back over twenty-five years he is greatly impressed by the changes and improvements in working conditions in this country.

Among the 35,000,000 gainfully employed, said Mr. Calder, there are many inequalities in health, strength, mentality, ability, etc. A great many of these people are capable of doing one thing only. They can be happy if properly fitted to their job, otherwise they will be indifferent or unhappy.

According to Mr. Calder there are five things that the workman wants:

1. Security of a steady job.
2. Adequate wages.
3. A good foreman.
4. Industrial and collective voice about his own working conditions, and personal grievances. A perfectly open employee's representation is the best thing possible.
5. A chance for advancement.

Herbert Hoover was reelected president of the American Child Health Association at the Association's annual meeting held in New York City in November.

Dr. Livingston Farrand, Dr. Thomas D. Wood, Dr. Arnold Gesell and Mrs. A. M. Reeve were elected vice-presidents; Dr. Philip Van Ingen, secretary; Mr. Edward M. Flesh, treasurer. Executive Committee: Miss Grace Abbott, George Barr Baker, Mr. Clinton H. Crane, Dr. Livingston Farrand, Mr. Edward M. Flesh, Dr. Samuel McC. Hamill, Mr. Herbert Hoover, Mr. Herbert S. Houston, Mrs. William B. Maloney, Miss Marguerite A. Wales, Mr. Edgar Rickard, Dr. Philip Van Ingen, Dr. Linsley R. Williams, Dr. Thomas D. Wood.

The report of the general executive of the Association, Dr. S. J. Crumbine, stated that the resources and energies of the Association are being directed more and more toward co-operative projects of state-wide and nation-wide significance with state and local departments of health education.

Dr. B. Franklin Royer of Philadelphia has been appointed Medical Director of the National Committee for the Prevention of Blindness. Dr. Royer was most recently engaged in important research study for the Health Survey of 86 Cities.

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